



Oak Harbor Freight Lines Annual Wellness Incentive Program

Dear Oak Harbor Team Member:

In an effort to promote health awareness and reward those of you who complete your routine annual health exams, we offer a \$50 Extra Incentive Bonus to be paid via the 2nd payroll. All you need to do is complete an annual Preventive Health Exam and Diagnostic Blood Exam.

Spouses/Domestic Partners currently enrolled on one of our medical plans are eligible for the bonus too. That's \$50 for you and \$50 for your spouse!

Only Full Time Employees currently enrolled in medical benefits are eligible.

How Does It Work?

Step 1: Employees must complete an annual Preventive Health Exam and Diagnostic Blood Exam.

Step 2: Your Physician must complete the Physician Certification Form confirming that the requirements have been completed. If you've already completed your annual physical, just fax or give your health care provider the Physician Certification Form to fill out and return.

Step 3: You or your Physician must return the form via fax or email to **Oak Harbor**; Fax: (253) 322-8222 Email: payroll.dept@oakh.com

Step 4 (if applicable): If your Spouse/Domestic Partner is enrolled in one of the OAKH medical plans, they must also complete a Preventive Health Exam and Diagnostic Blood Exam this year and their Physician Collection Form also must be faxed or emailed to Payroll. Please include the Employee's name on your spouse's form so we can get the bonus on your check.

This is an annual incentive program; you can only receive the bonus once per calendar year for yourself and/or your spouse.

Please note that participation in our Wellness Incentive Program is voluntary.



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Physician Certification Form

Employee Name _____ EE # _____

Please Check One Option:

_____ I am the Employee listed above

_____ I am the Spouse/Domestic Partner of Employee listed above

If Spouse/Domestic Partner; List Name _____

Please ask your Physician to complete this form and confirm that you have satisfied the requirements to qualify for the Oak Harbor Wellness Incentive.

**Completed forms must be faxed or emailed to:
253-322-8222 or payroll.dept@oakh.com**

Physician Name _____

Physician/Clinic Phone _____

Date of Participant's Preventive Health Exam _____

Date of Participant's Diagnostic Blood Exam _____

I certify that the above-named Participant completed a preventive health exam and diagnostic blood exam on the dates indicated.

Physician Signature _____ Date _____