2026 AFFIDAVIT FOR ANNUAL PHYSICAL EXAM

To earn your medical insurance deductible credit for 2027, please use this Affidavit to show proof that you completed your **Annual Physical Exam AND Biometric Screening** with your physician between **12/1/2025 - 11/30/2026**. If you cover a spouse or domestic partner on your Amy's medical plan, they must also complete this Affidavit to be eligible for Amy's deductible credit. Amy's will not contribute towards your deductible in 2027 if your form is not submitted by 11/30/2026.

This Section To Be Completed By Employee Or Spouse/ Domestic Partner :

Employee OR Spouse/DP Name: _____ Employee ID: _____

Date of Birth: _____ Email: _____

Address: _____

Phone: _____

Please circle your location: PETALUMA REMOTE SANTA ROSA POCATELLO MEDFORD

This Section To Be Completed By Your Physician :

By signing this affidavit, I attest that the above-named individual was provided with the following services:

Age-Appropriate Annual Physical Exam

Date of Examination: _____

Age-Appropriate Blood Work & Biometric Screening

Date of Blood Work: _____

Who received the annual examination & blood work? ☐ Employee ☐ Spouse/Domestic Partner

_____	_____	_____
Physician Printed Name	Physician Signature	Physician Phone

Submit Your Completed Affidavit

Please submit your completed Affidavit to Allied Wellness no earlier than **January 1, 2026** and no later than **November 30, 2026**. Submit your form via one of the following options:

Email: Send affidavit to **info@mywellportal.com**.

Upload:

1. Go to the **MyAllied app** OR **member.allied.benefit.com** and login with your personal username and password.
2. Look for the **Wellness Widget** on the homepage, and click '**Go Now**'.
3. Click on the '**Rewards**' tab at the top of the **Wellness Portal** homepage.
4. Under the **Affidavit for Annual Physical Exam** activity listing, click '**Upload File**' and upload this completed form. Confirmation of completion will then appear.

If this affidavit is not completed and returned to Allied Wellness, this means you would pay your full deductible out of pocket. THERE WILL BE NO EXCEPTIONS. We strongly recommend that you retain a copy of this affidavit for your records. **Amy's reserves the right to modify this program at anytime throughout the plan year**.

Confidentiality/Privacy Policy: All information is protected by the HIPAA Privacy Rule and is considered protected health information. All information and results are completely confidential.

For additional support, contact the Allied Wellness team at info@mywellportal.com or call us at 800.440.1440

ALLIED CARE SOLUTIONS