



Annual Wellness Exam Form

A routine preventive screening exam is the basis for a \$150 financial incentive for the employees of HALL Group. Employees are eligible for the reward once every 12 months from the date of the last preventive screening on record. The reward will be paid via payroll and subject to all applicable taxes and withholdings. Please complete the below as thoroughly as possible and ensure the information provided is legible. Incomplete or illegible forms will result in delays processing your incentive.

Return completed form to bjensen@hallwines.com

First Name/Last Name:	
Date of Birth:	
Date of Annual Screening:	

I certify that the below individual has completed a preventive screening on the date as listed above.

Healthcare Representative Name:	
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Signature:	
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Date:	
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Reasonable Alternative Standard:

Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact **Human Resources** and we will work with you to find a wellness program with the same reward that is right for you.

***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 and HALL Group or any other entity will not have access to your information without your prior consent.*