



CERTIFICATION OF PREVENTATIVE CARE – 2021 BENEFIT YEAR

Complete the following three steps and earn:

\$10 per month premium discount for medical coverage. Available for employees and *covered* spouses for a total of \$20/month savings.

Here's how it works:

1. Bring this form to your preventive health care visit.
2. Ask your provider to complete the bottom red area of the form.
3. Turn in your completed form via Oracle or by emailing to benefits@afwonline.com.

Employee Name: _____ **Employee Number:** _____

Spouse's Name, if certification is for your spouse: _____

TO BE COMPLETED BY PROVIDER:

Please verify below that I have received some type of age and gender specific preventive health care during 2019, by signing below. Please do not indicate what type of preventive health care I received or provide the results of any routine tests.

Complete One Preventive Care Item:	Date Completed:
<ul style="list-style-type: none">• Annual Physical• Mammogram• Colonoscopy	

Provider Name _____

Street Address _____

City, ST, ZIP Code _____

Phone _____

Provider Signature _____

Preventative exams completed in 2020 will be eligible for 2021 discount during open enrollment up to January 1, 2021. Later submissions must be less than 6 months old at the time of submission. No retro active discounts will be applied.