



Preventive Wellness Screening Attestation Form

March 1, 2026 - February 28, 2027

Today. Tomorrow. Together.

Any employee enrolled in a medical plan who completes at least 4 of the below recommended screenings during plan year 2026; March 1, 2026 through February 28, 2027, will be eligible for \$125 added to your paycheck. This will be a 1 (one) time annual payment to be administered quarterly on one of the following pay-dates: 5/22/2026, 8/28/2026, 12/04/2026, 3/12/2027. Employee must be employed at the time of payout to be eligible. Screenings are subject to audit by Employee Benefits.

It is recommended you consult with your physician before obtaining any recommended screening.

Wellness Physical

Date Completed: _____

Bloodwork

Date Completed: _____

Cholesterol Screening

Date Completed: _____

Dental Cleaning

Date Completed: _____

Vision Exam

Date Completed: _____

Hearing Screening

Date Completed: _____

Mammogram

Date Completed: _____

Pap Smear

Date Completed: _____

Colonoscopy

Date Completed: _____

Osteoporosis Screening

Date Completed: _____

Prostate Screening

Date Completed: _____

I hereby attest that I have completed at least 4 of the above recommended screenings during plan year 2026; March 1, 2026 through February 28, 2027.

Print Name: _____

Signature: _____ Date: _____

Email completed form to employeebenefits@co.lucas.oh.us no later than March 1, 2027.