



Preventive Wellness Screening Attestation Form

March 1, 2026 - February 28, 2027

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.

<u>Wellness Physical</u>	Date Completed: _____
<u>Bloodwork</u>	Date Completed: _____
<u>Cholesterol Screening</u>	Date Completed: _____
<u>Dental Cleaning</u>	Date Completed: _____
<u>Vision Exam</u>	Date Completed: _____
<u>Hearing Screening</u>	Date Completed: _____
<u>Mammogram</u>	Date Completed: _____
<u>Pap Smear</u>	Date Completed: _____
<u>Colonoscopy</u>	Date Completed: _____
<u>Osteoporosis Screening</u>	Date Completed: _____
<u>Prostate Screening</u>	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.