

## HRA \$200 Bonus Request Form

In accordance with the plan rules, I submit this application for the HRA Bonus and certify that I am an active (not retired) eligible participant who is working or available for work and that:

I am:        married \_\_\_\_\_        unmarried \_\_\_\_\_        (*please check one*)

I received an annual routine physical\* from:

Health Dynamics on \_\_\_\_\_ (*date*)

**OR**

My personal physician on \_\_\_\_\_ (*date*)

If I am married, my spouse received an annual routine physical\* from:

Health Dynamics on \_\_\_\_\_ (*date*)

**OR**

His/her personal physician on \_\_\_\_\_ (*date*)

\_\_\_\_\_  
(*Participant's signature*)

\_\_\_\_\_  
(*SSN or OEF#*)

\_\_\_\_\_  
(*Date*)

\_\_\_\_\_  
(PLEASE PRINT NAME)

\*A Health Dynamics physical automatically qualifies for the bonus. If the annual routine physical is obtained elsewhere, the physical must consist of at least the following components:

- an office visit (*coded by the physician as either "routine" or "annual physical"*)
- routine blood draw
- a PSA (*prostate specific antigen*) test for males over age 40
- a pap smear for females over age 21 at least once every three years
- a mammogram for females over age 40 each year

If your personal physician recommended that you not have the PSA, pap or mammogram, please attach a signed note from your physician and it will not be required.

*This benefit may be delayed if Health Dynamics or your physician has not yet submitted the claim for these services.*

\_\_\_\_\_  
*For Fund Office use only:*

- \$200 Bonus approved and deposited into HRA on \_\_\_\_\_ (*date*) \_\_\_\_\_ (*initials*)
- \$200 Bonus rejected: \_\_\_\_\_