HRA $200 Bonus Request Form

OEF Identification Number__________________________________________________

Name of the Local 139 Member______________________________________________

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

I am:  □ Married    □ Unmarried.  **If married, both the member and the spouse must have an annual routine physical in the same calendar year as the year of the HRA bonus.**

I received an annual routine physical* from:

Health Dynamics on _______________(Date) or my doctor on ______________ (Date)

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

Health Dynamics on ______________ (Date) or his/her doctor on ______________(Date)

_________________________________________________     _____
Signature of the Local 139 Member    Date

*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 50
- 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 doctor 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.

*Please mail this form to the address above or fax this form to 262.549.3549*