



Participant's name: _____ Employee's name, if different: _____

IF EMPLOYED AT AN ACADEMY, WHERE: _____

The Southern California Conference of Seventh-day Adventists will reward a 2018 SCC Blue Shield participant with \$100.00, up to a maximum of \$200.00 per family. This benefit **is taxable** and will be paid through your payroll check with the required withholdings. To ensure proper handling and processing of the incentive, please send this completed application, with supporting documentation to:

Southern California Conference of SDA
 Human Resources Department
 P.O. Box 969
 Glendale, CA 91209-0969

FAX: (818) 546-8475
 e-mail: ghuerta@sccsda.org

**Please read
 and initial**

I am a participant in the SCC Blue Shield Health Care Plan and apply for the physical examination incentive. I understand that the maximum I can be reimbursed is \$100.00 with a \$200.00 family maximum. Each participant applying for a reimbursement must complete a separate application. **One** of the following is required, therefore I am including:

1. My health care provider's completed certification at the bottom of this form; **OR**
2. A note on letterhead from my health care provider certifying that I had a comprehensive physical examination and which specifies the date of the exam in the plan year January 1 - December 31, 2018; **OR**
3. An itemized statement or receipt from my health care provider showing that I had a physical examination in the plan year of January 1 – December 31, 2018.

Participant's address _____

Participant's signature _____

CERTIFICATION TO BE COMPLETED BY PHYSICIAN OR OSTEOPATH:

I am a physician or osteopath duly licensed to practice medicine in the United States. I certify that I performed a comprehensive physical examination on the above named patient. I have used my reasonable medical judgment in selecting the tests and procedures performed and have discussed the results with the patient.

The exam was completed _____ (date). _____

Printed name of provider

Signature of health care provider

Date signed

For SCC HR Department use only: Incentive amount approved: \$ _____

 Initials _____ Date _____