



WCA GROUP HEALTH TRUST

City of Waupaca

GP#: 76-440190

WELLNESS INITIATIVE ANNUAL EXAM INCENTIVE REQUEST FORM

MEMBER NAME: _____

ADDRESS: _____

EMPLOYEE: Yes No
SPOUSE: Yes No

MEMBER ID#: _____

EXAM DATE: _____

PHYSICIAN: _____

(Attach a copy of Your Explanation of Benefits to receive the gift card)

INCENTIVE: **\$50 DEBIT GIFT CARD**

SIGNATURE: _____

FORWARD TO: WCA Group Health Trust
Attn: Amy Wald
18550 West Capitol Drive
Brookfield, WI 53045

This incentive program is available to every city employee/retiree and their spouse that is insured through the WCA Group Health Trust as of the date of this letter. Any preventative exam incurred in the calendar year is eligible.

Your information will remain confidential and will not be shared with the City of Waupaca or any other third party.

Thank you for caring about your health and participating in this program!