

2013 Spouse HRA Completion Form Personal Benefit Account (PBA) City of Green Bay

I certify that I completed a Health Risk Assessment at my Employer on: ____/____/____

Employer Name: _____

City Employee Name: _____

Spouse Name: _____

Authorized Signature: _____
(HR representative, onsite Nurse, etc.)

Send completed forms to City of Green Bay Wellness Coach (information at the bottom of the form).
If you have any questions, please call the Wellness Coach at (920) 448-3101.

Participant's Signature: _____

Date: ____/____/____

*Return completed form to the City Wellness Coach:
City of Green Bay,
100 N. Jefferson St. Room 500. Green Bay, WI 54301-5006
Or fax to: 920-448-3128 ATTN: Wellness Coach
Please retain a copy of this form for your records.*

For Internal Use Only

Date entered on spreadsheet:

____/____/____