

2016

VISION EXAM AND DENTAL CLEANING

SIGN-OFF FORM

City of Green Bay

Requirements for Personal Benefit Account Dollars and Wellness Activity Points

Complete the requirements below and obtain a signature from the attending practitioner or office administrative staff and upload into your myInertia account by October 31, 2016 to insure receipt of the premium discount for the first pay period in the following year and to obtain your PBA dollars.

Note to practitioner: Services rendered are at the discretion of the practitioner. Services rendered will be subject to health plan provisions.

Please check the appropriate exam: Vision Exam
 Dental Cleaning

This is being completed for: Employee, or
 Spouse, or
 Covered Family Member

(Please list the employee's name on both the Employee and the Spouse/Covered Family Member form.)

Employee Name (Print): _____

Spouse/Family Member Name (Print): _____

Practitioner Name: _____

Date of Vision Exam or Dental Cleaning: _____

I certify that the above individual has completed these requirements:

Practitioner or office administrative staff name:

(Print): _____

Signed: _____

Date: _____

Office phone number: _____

Vision Exam and Dental Cleaning form is available on the City's website under the Human Resources *Health* | **1265** tab. Return the signed form when your requirements are completed, but no later than **October 31, 2016**. Login to your myInertia account and upload this form in your Scorecard by taking a picture with your smartphone or tablet or scanning the document into your computer.