



TRANSFORMING  
HARDSCAPES

## 2025 Unilock Wellness Program Annual Physical Incentive Form

Unilock is offering all employees and their spouses the wellness initiative *Take Charge of Your Health*, aimed at helping individuals engage in their personal health with their Primary Care Physician and gain knowledge of their personal health risks. **While this is a voluntary program, we encourage all employees to take an active role in their personal health care, including preventative care.**

Employees and Spouses who complete the following criteria will receive a \$250 payroll incentive

1. Complete an annual routine physical before December 31, 2025 (see Section 2).
2. Submit this form for documentation of participation to your HR administrator.

*\*Indicates required fields*

### **Section 1: Employee Information**

*Name (Last, First)	*Location	*Employee ID Number

Spouse's Name (if being completed for a Spouse): \_\_\_\_\_

### **Section 2: Annual Routine Physical Explanation of Benefits (EOB)**

Annual routine physical includes physician consultation, height, weight, body mass index, blood pressure, total cholesterol, HDL, LDL, & glucose. Preventive services, such as an annual physical are now covered at \$0 copay as a result of health care reform **Please provide a screenshot and/or printed confirmation of your annual physical as proof of completion. Please do NOT share any personal health data as proof of completion or as part of the program.**

\*Date of Service: \_\_\_\_\_

### **Section 3: Certification and Authorization**

I certify that the information provided is in support of this submission and is complete and correct.

\*Employee Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

Spouse Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_