

Peach County Human Resources

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HR Division

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**Physician's Certification of Annual Wellness Exam
Affidavit**

To qualify for the medical plan payroll deduction discount, your physician must certify you've received an annual **wellness** examination within the calendar year. If you are enrolled in Single or Employee + Children plans, have a visit with a physician for a routine preventive check-up, and provide the signed affidavit, you will receive a \$50.00 monthly medical plan payroll deduction discount. For Employee + Spouse or Family plans, you will be provided with a \$100.00 monthly medical plan payroll deduction discount IF both you and your covered spouse receive the preventive care check-up and provide the signed affidavit.

*NOTE: Employees must submit the Physician's Certification of Annual **Wellness** Exam to the Peach County Board of Commissioners Human Resources Department to be eligible for the payroll deduction discount.*

Employee Information

Employee Name: _____

Physician's Certification of Wellness Exam

Patient Name: _____ Examination Date: _____

Patient Relationship to Employee: _____

Physician's Office/Clinic Stamp AND Signature

Physician/Office Signature: _____

I authorize _____ (Physician/Clinic Name) to release the dates of my physical exam, as specified on this form, for Peach County Board of Commissioners wellness program use.

Patient Signature: _____

Patient Name: _____ Date: _____

For HR Use Only

HR Signature: _____ Date Received: _____
