2027 WELLNESS PHYSICIAN SCREENING FORM

For associates who are or will become eligible for coverage under Famous' group health plan for 2027.

Between **January 1, 2026** and **October 1, 2026** your **appointment and form** must be completed and returned to HR to receive a wellness discount and reduce your **2027 Health Insurance Premiums.** **If you are hired on or after June 1, 2026 you do not need to complete this form for 2027 premium discounts.**

To comply with relevant Affordable Care Act and IRS requirements THIS DATE CANNOT BE EXTENDED

To receive a premium discount, both you and your spouse (if enrolled), must complete and submit the eligibility requirements listed below.

WELLNESS DISCOUNT ELIGIBILITY REQUIREMENTS

BOTH steps below must be completed by **you and your spouse** (if applicable) to receive the wellness discount

1. Complete Preventative Care Physician Appointment
2. Complete Preventative Care Blood Work

PLEASE COMPLETE AND SIGN THIS SECTION

☐ I am a Famous Associate, eligible for coverage in 2027 under Famous' group health plan

OR

☐ I am the Spouse of a Famous Associate, eligible for coverage in 2027 under Famous' group health plan

Print Your Name _____ Signature _____

Associate Name _____ Associate Work Location _____

YOUR DOCTOR NEEDS TO COMPLETE AND SIGN THIS SECTION

☐ The patient attended their preventative care (office) appointment

☐ The patient had preventative care blood work completed

Appointment/Screening Date _____ Physician/Practice Name _____

Today's Date _____ Physician Signature _____

SUBMIT COMPLETED FORMS TO THE HR TEAM VIA:

FamousHR@Famous-Supply.com Fax: 330.835.1241 In Person at the Ridgewood Office