2028 WELLNESS PHYSICIAN SCREENING FORM

Famous Supply | Associate Benefits | Plan Year 2028

Between **January 1, 2027** and **October 1, 2027**, your appointment and form must be completed and returned to HR to receive a wellness discount and reduce your 2028 Health Insurance Premiums. If you are hired on or after **June 1, 2027**, you do not need to complete this form for 2028 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 2028 under Famous' group health plan

OR

☐ I am the Spouse of a Famous Associate, eligible for coverage in 2028 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