



# Oak Harbor Freight Lines, Inc Wellness Incentive Program

Dear Oak Harbor Team Member:

In an effort to promote health awareness and reward those of you who complete your routine health exams, we offer a \$50 Extra Incentive Bonus to be paid via the 2<sup>nd</sup> payroll each month. All you need to do is complete a Preventive Health Exam and Diagnostic Blood Exam between January 1<sup>st</sup> and December 31<sup>st</sup> each year.

Spouses/Domestic Partners currently enrolled on one of our medical plans are eligible for the bonus too. That's \$50 for you and \$50 for your spouse! Just complete a Preventive Health Exam and Diagnostic Blood Exam before December 31<sup>st</sup>.

## **How Does It Work?**

**Step 1:** Employees must complete a Preventive Health Exam and Diagnostic Blood Exam in the current year, between January 1<sup>st</sup> and December 31<sup>st</sup>.

**Step 2:** Your Physician must complete the Physician Collection Form confirming that the requirements have been completed. If you've already completed your annual physical, just fax or give your health care provider the Physician Collection Form.

**Step 3:** You or your Physician must return the form via fax or email by **December 31st**;

Fax: (253) 288-8310      Email: [payroll.dept@oakh.com](mailto:payroll.dept@oakh.com)

**Step 4 (if applicable):** If your Spouse/Domestic Partner is enrolled in one of the OAKH medical plans, they must also complete a Preventive Health Exam and Diagnostic Blood Exam this year and their Physician Collection Form also must be faxed or emailed by December 31<sup>st</sup>. Please include the Employee's name on your spouse's form so we can get the bonus on your check.

## **What Happens If I Complete The Steps Listed Above?**

If you and/or your Spouse/Domestic Partner enrolled on one of our medical plans complete the requirements listed above. Oak Harbor Freight Lines will pay you a \$50 Incentive Bonus **for each of you** via the 2<sup>nd</sup> payroll the following month.

**Please note that participation in our Wellness Incentive Program is voluntary.**



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## Physician Collection Form

Employee Name \_\_\_\_\_ EE # \_\_\_\_\_

Please Check One Option:

Employee \_\_\_\_\_

Spouse/Domestic Partner \_\_\_\_\_

Participant Name \_\_\_\_\_

Please ask your Physician to complete this form and confirm that you have satisfied the requirements to qualify for the Oak Harbor Wellness Incentive.

**Completed forms must be faxed or emailed to:  
253-288-8310 or [payroll.dept@oakh.com](mailto:payroll.dept@oakh.com)**

Forms must be received by December 31<sup>st</sup> to qualify.

Physician Name \_\_\_\_\_

Physician/Clinic Phone \_\_\_\_\_

Date of Participant's Preventive Health Exam \_\_\_\_\_

Date of Participant's Diagnostic Blood Exam \_\_\_\_\_

I certify that the above named Participant completed a preventive health exam and diagnostic blood exam on the dates indicated.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_