


# 2025 Physician Certification Form

## Employee Instructions:

To receive the \$600 Wellness Credit for the 2025 plan year, you must:

- Have a complete physical\*
- Submit this completed form to the Sodexo Benefits Center by **Sept. 30, 2024**
- During Annual Enrollment, enroll in one of the four Aetna health plans effective Jan. 1, 2025



The deadline to submit this form to qualify for the credit in the 2025 plan year is **Sept. 30, 2024**. Forms received after that date will be considered for the credit for the 2026 plan year. Please allow 10 business days for processing.

**Please Print Clearly** (all fields are required)

### Step 1: Patient Completes and Signs

Name: (Last, First, Middle Initial)

Date of Birth: (MM/DD/YYYY)

Phone Number:

Employee ID: 100\_

Please add your 6-digit employee number after the underscore (ex: 100\_XXXXXX). If your employee ID number is less than 6 digits, please add leading 0's to the number (ex: 100\_00XXXX or 100\_0XXXXX).

By my signature below, I affirm the information on this form is accurate and I authorize my physician to verify that I have completed an annual physical exam at my physician's office on the date indicated below. If you commit a fraudulent act, the Plan Administrator may cancel all or some Company-sponsored plan coverage(s) for you and your covered dependents on the date specified by the Plan Administrator in a written notice.

Patient's Signature:

Date:

### Step 2: Certification and Physician Signature

The patient above was examined by me on the date listed below for a complete physical: ☐ Yes

Date of Complete Physical: (MM/DD/YYYY)

Physician's Signature:

Date:

Physician's Name: (please print)



Please email your completed form to [forms@mobilehealthconsumer.com](mailto:forms@mobilehealthconsumer.com) or fax it to **833-421-6742**. If you have questions, contact the Sodexo Benefits Center at **855-668-5040** or go to [SodexoBenefitsCenter.com](https://SodexoBenefitsCenter.com).

You will receive a notification of approval or denial of your form within 10 business days. You will receive this notification through the wellness portal under messages. To access the wellness portal messages log in to [SodexoBenefitsCenter.com](https://SodexoBenefitsCenter.com) and click on the link that says Wellness Credit. If you have a work email address on file at the Sodexo Benefits Center, you will also receive email notification.

\*A complete physical typically includes a physical exam, blood pressure check, blood work and any other tests your physician deems appropriate.

Participation is entirely voluntary and available to all employees who get a complete physical, submit the completed Physician Certification Form by the required deadline and participate in one of the Sodexo Aetna health plans on Jan. 1, 2025. The Sodexo Wellness Credit is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including but not limited to the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA) and the Health Insurance Portability and Accountability Act (HIPAA), as applicable. Sodexo, as Plan Sponsor of the Sodexo, Inc. Medical Plan, has established clear privacy policies and procedures and is fully in compliance with the requirements of the ADA, GINA, HIPAA and other applicable privacy laws. No health information collected during the course of your complete physical will be shared with Sodexo. Sodexo, nor will you be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving the Wellness Credit.

Sodexo Confidential & Proprietary Information