

# PHYSICAL COMPLETION FORM



**Participant:** Although we make screenings available each year, we recognize that schedules might not permit you to attend. Annual screenings are a good opportunity to check up on your health and well-being. If you would like to continue to pay the lower premium rate, please complete the following form. You are responsible for any copays associated with your visit. Items normally included in a physical include: having your blood pressure checked, a lipid (cholesterol) panel, glucose, and triglycerides. Please talk with your doctor about any other items that you should consider having tested.

REMEMBER: Your privacy is important. At no time will any identifiable health values be passed along to the Indiana Conference.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to release my name, my provider's name, and the date of my physical to the Indiana Conference of the United Methodist Church. I understand that I will receive a lower premium in exchange for providing this information.

**Signature:** \_\_\_\_\_

**Provider:** Our members pay a reduced rate in insurance premium in exchange for having an annual physical. The Conference will only know which employees have completed their physicals. The components above are suggested and have been part of the onsite health screenings we offer. These tests are at your discretion, however. Please ensure that your information below is legible, as we will be cross-checking provider information.

**TO BE COMPLETED BY PROVIDER ONLY:**

**Date of Physical:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Name of Staff/Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please return completed form to:

ICUMC Physical Forms  
c/o Benefit Associates  
9000 Keystone Crossing, Suite 910  
Indianapolis, IN 46240

If you have questions regarding this process, please contact Brittany Rhea Luebke (317)218-1521 or Kim Spencer (317)218-1528.