

2018 Phillips 66 Well-Being Incentive Program Preventive Screening Form



- To receive credit for a preventive screening, you or your physician must send this form to Virgin Pulse attesting that the screening was completed.
- Forms must be received by 11:59 PM Central Time on November 30, 2018 to receive credit. **It is your responsibility to ensure this form has been submitted and received by this date to receive the full credit amount.**
- You may earn \$50 for each preventive exam (up to two) for a total of \$100.
- Please do not include any Personal Health Information (PHI) on this form.
- Visit the [Rewards page](#) on the Virgin Pulse site for more details.

Completed by Participant

Employee ID:

Last Name:

First Name:

Date of Birth: - -

(MM) (DD) (YYYY)

By signing below, I understand that choosing to participate in the Phillips 66 Well-Being Incentive Program is voluntary. I also authorize and direct Virgin Pulse to process my form to ensure I receive the appropriate incentive amount.

Employee Signature: _____ Date: _____

Type of Screening	Preventive Screening
<input type="checkbox"/>	Annual Eye Exam
<input type="checkbox"/>	Preventive Dental Cleaning
<input type="checkbox"/>	Annual Physical
<input type="checkbox"/>	Mammogram (women only)
<input type="checkbox"/>	PSA Test (men only)
<input type="checkbox"/>	Flu Shot
<input type="checkbox"/>	Cervical Cancer Screening (women only)
<input type="checkbox"/>	Colonoscopy

Provider Information

Date of Exam: _____

Health Care Provider Name: _____

Health Care Provider Phone: _____

Health Care Provider Signature: _____

- Requirements: Complete this form in full. Signed and completed forms must be received by November 30, 2018 at 11:59 PM Central Time. Incomplete or late submissions will not be processed.
- Submit completed forms via email to forms@virginpulse.com

For questions, contact Virgin Pulse at (888) 671-9395 or support@virginpulse.com