

2012 Wellness Reward

Preventive Health Exam Confirmation Form

Please print all information clearly.

SECTION I: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT)

Name:		Employee #	
Address:	City:	State:	Zip Code:
Work Phone Number: ()			

Please read the disclosure statement below. I understand that by submitting this form I am agreeing to participate in the 2012 Wellness Reward program. I understand that my participation will be managed by Health Solutions, WebMD and SHPS, who are administering the incentive program for Raytheon.

Signature:	Date:
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SECTION II: TO BE COMPLETED BY YOUR PHYSICIAN

Examination Date:

I confirm that the person named above has completed an annual preventive health exam.

Physician's Signature:
Physician's Name (please print):
Physician's Address:

Preventive health exams must be completed between October 1, 2011 and December 31, 2012, for credit in the 2012 Wellness Reward Program. Return this form to Health Solutions, Attn: Raytheon Wellness Reward by December 31, 2012.

Email: raytheon@healthsolutions.com
Fax: 888.616.1635

This form must be completed in its entirety to meet program requirements. If you have questions or need additional assistance with the Preventive Health Exam Confirmation Form, please contact Health Solutions at 800.711.8656. Thank You.