

# Marshall County

## Wellness Preventive Exam Incentive



### Annual Certification

Employee Name: \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_

Employee E-mail: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_

Date of Preventive Exam: \_\_\_\_\_

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

Exam for:

Employee

Spouse

Check only Employee or Spouse. If both are covered, a separate Certification form is required for each person.

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed forms to:  
North Risk Partners, Bernie Lowe & Associates, Inc.  
Fax to the attention of Linda Lowe at 641-260-8302  
or email [linda.lowe@northriskpartners.com](mailto:linda.lowe@northriskpartners.com)

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