

Twin Cities Bakery Workers
Health and Welfare Fund

2919 Eagandale Blvd., Suite 120
Eagan MN 55121-1464
Phone: 651-686-0108
Fax: 651-686-0513

****Preventive Care Verification Affidavit****

Employee: Please return to Twin Cities Bakery Workers Health and Welfare Fund either by Fax, 651-686-0513 or by mail to 2919 Eagandale Blvd., Suite 120, Eagan MN 55121 by December 31, 2012. Affidavits received after this date will not be considered. Any fraudulent representation of this form merits termination of benefits.

A Preventive Screening Test guideline is available from Formula Corporation if you would like to review in determining which tests may be appropriate for individual care given age and gender. If an exam is not recommended, your physician must still sign the affidavit.

Dear Physician:

Please verify below that your patient has received age and/or gender specific preventive health care during the current calendar year by signing below. Thank you.

Check here if a physical exam is not recommended at this time.

_____ has received preventive health care during_____.
Employee/patient name Year

Physician name (please print) Physician Signature Date