



# 2024 Wellness Certificate

T.A. Solberg Co., Inc.

Associates enrolled in T.A. Solberg Co., Inc.'s health insurance plan can qualify for a 2024 HSA Reward by completing an annual preventative care exam with their Primary Care Physician (PCP). To verify completion, the following form must be signed by the patient and PCP and returned to T.A. Solberg Co., Inc.'s Human Resources department.

## Section 1 | Patient Section

**T.A. Solberg Co., Inc.**

**Associate Member:**

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Last Name*

**Patient Date of Birth:**

\_\_\_\_\_

*Month*

\_\_\_\_\_

*Day*

\_\_\_\_\_

*Year*

I am participating in the 2024 health insurance HSA Reward program and hereby authorize my healthcare provider to complete this document on my behalf. **I also acknowledge that it is my responsibility to ensure my wellness certificate is completed by my Primary Care Physician (PCP) and is returned to T.A. Solberg Co., Inc. Human Resources department.**

\_\_\_\_\_

**Patient Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

## Section 2 | Primary Care Provider (PCP) Section

**Please indicate the patient's achievement:**

- Patient has completed an annual preventative care exam between 01/01/2024 – 12/31/2024

**OR**

- The patient is **not required** to complete a preventative care exam on an annual basis.

\_\_\_\_\_

**Primary Care Provider Name** *(please print)*

\_\_\_\_\_

**Primary Care Provider Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

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Upon completion, you or your healthcare provider may return this document to your HR Department. It is ***your responsibility*** to ensure that this form is received by our Human Resources department by **the end of the 2024 tax year.**