



ARCHDIOCESE
OF INDIANAPOLIS

Office of Human Resources

1400 N. Meridian Street, Indianapolis, IN 46202-2367

P.O. Box 1410, Indianapolis IN 46206-1401

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Annual Physical Examination Documentation Form

Employees and spouses covered by the Archdiocese of Indianapolis health plan are eligible to receive a \$200 Health Savings Account (HSA) or Health Reimbursement Account (HRA) contribution once per calendar year.

- Individual must be an active employee enrolled in the Archdiocese healthcare plan at the time of the exam and when the incentive is paid out.
- Submission of this form must be within 90 days of your exam to Human Resources.
- Incentive is recorded in the year in which it is paid out, not the examination date.
- All information will be verified through Anthem and processed within 30 days of claim submission.

Employee or Spouse Information

Each employee and spouse should complete a separate form. Please check **one** item below:

___ Employee (please fill in the employee's name and date of birth below)

___ Spouse (please fill in **both** the employee's **and** spouse's names and dates of birth below)

Employee Name (printed) _____ Birthdate MM/DD _____

Spouse's Name (printed) _____ Birthdate MM/DD _____

Signature of Plan Member Who Received the Exam:

I attest that I received a physical examination from the health care provider listed above on the date indicated on this form.

Signature of Employee or Spouse _____ Date _____

Physician, Physician Assistant (PA), or Nurse Practitioner (NP) Information

Name (printed) _____

Street Address _____

City _____ State _____ Zip Code _____

Physician's, Physician Assistant's, or Nurse Practitioner's Signature

I attest that the patient listed above received a physical examination from me on the date shown.

Signature of Health Care Provider _____ Exam Date _____

Email to HR@archindy.org