

# Plumbers, Pipe Fitters & MES Local Union No. 392 Health and Welfare Fund

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## PROOF OF PHYSICAL FORM

This form must be completed and signed by the participant and his or her physician by November 30<sup>th</sup> 2022 and received and accepted by the Fund Office by December 15 of each year for it to be processed in time for the participant to have Wellness Tier coverage on the following January 1.

Dear Doctor or Health Care Provider,

The Plumbers, Pipe Fitters and Mechanical Equipment Service Local Union No. 392 Health and Welfare Fund has introduced a new coverage tier designed to encourage participants to get annual physical exams. I am voluntarily participating in this program. I have to provide verification that I executed an annual physical examination with my primary care provider. Please send the completed form to the Plumbers, Pipe Fitters and Mechanical Equipment Service Local Union No. 392 Health and Welfare Fund as indicated below.

To qualify, the annual physical exam must include the following tests or procedures: patient's health history; complete blood count (CBC); fasting blood sugar; cholesterol; urinalysis; vital signs; and height and weight.

Thank you.

### SECTION 1. TO BE COMPLETED BY THE PARTICIPANT

By signing this form, you agree to voluntarily authorize your physician to verify your physical examination in order to qualify for Wellness Tier coverage.

PARTICIPANT'S NAME: \_\_\_\_\_ LAST FOUR SSN: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### SECTION 2. TO BE COMPLETED BY THE EXAMINING PHYSICIAN

By signing this form you acknowledge that you completed an annual physical examination of the Fund participant.

DATE OF THE PHYSICAL EXAM: \_\_\_\_\_

EXAMINING PHYSICIAN/ARNP NAME: \_\_\_\_\_

EXAMINING PHYSICIAN/ARNP OFFICE ADDRESS: \_\_\_\_\_

EXAMINING PHYSICIAN/ARNP OFFICE PHONE NUMBER: \_\_\_\_\_

EXAMINING PHYSICIAN/ARNP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### RETURN THIS COMPLETED FORM IN PERSON, BY MAIL OR BY FAX TO:

UA Local 392 Fringe Benefit Funds Office  
1228 Central Parkway, Suite 100  
Cincinnati, OH 45202-7500  
Fax: (513) 241-1130