Dear Physician:

At Keeley Construction Group and Keeley Companies, we value the health and well-being of our employees. As part of our Wellness Program, effective January 1st through November 30th, our employees and spouses enrolled in the plan are required to complete their annual preventive physical exam with their Primary Care Physician in order to obtain a wellness premium incentive for the following year.

We are asking that you conduct the age/gender-appropriate wellness exam and screenings for our associate. These should be "preventive" in nature, as opposed to "diagnostic", so that they are covered under the Affordable Care Act 100% preventive benefits. Please contact UMR should you need confirmation of the covered Preventive Care Services.

With this preventive exam and test results, we hope our employees & their spouses will feel informed about their health, learn if results may be out of range, and understand the steps they can take to improve results over time.

Our goal is only to verify the exam/screenings have been completed; we do not wish to know the results of the tests. We also ask your cooperation with completing and signing the "Physician" portion of the attached "Physician Preventive Screening Certification Form" and sending via secure fax to 314-916-5354 as verification of the testing. Upon receipt of the completed/signed Certification Form, our employee will be eligible for the premium incentive.

Please support our efforts by communicating the results of these screenings, the importance of preventive health, and controlling risk factors with your patient. We are happy to answer any questions about our wellness program and the resources we have for our employees. Please feel free to contact me directly at 314-502-3786.

Sincerely,

Jennifer Baumberger
Director of HR
314-502-3786

Annual Physical Form

PARTICIPANT – PLEASE COMPLETE THIS SECTION

First Name: _____ Last Name: _____

Last 4 Digits of SSN#: _____ Birth Date (MM/DD/YYYY): ____/____/_____

Daytime Phone Number (with Area Code): _____

Please select one:

☐ Team Member

☐ Spouse

Keeley Employee Name (if different from participant): _____

Physical Preventive Health Exam & Screening

This form certifies that the member listed above is current for the required annual physical exam. I certify that I have had an annual preventive physical exam, including appropriate screenings, administered by my physician between January 1st – November 30th, as is required for participation in the Keeley wellness incentive program.

Member Signature: _____ Date: _____

PHYSICIAN – PLEASE COMPLETE THIS SECTION

Physician First Name: _____ Physician Last Name: _____

Clinic Name: _____

Date of Service (MM/DD/YYYY): ____/____/_____

Physician Signature: _____ Date: _____

Daytime Phone Number (with Area Code): _____

This form must be completed and returned to Keeley Companies HR via secure fax at 314-916-5354 by November 30th.

For questions, contact Jen Baumberger at 314-502-3786.