



Email Scanned Forms to: BFG-physical-incentive@ Michelin.com

or Mail to:
Michelin North America, Inc.
Attn: Company Labor Relations
1 Parkway South, 2C
Greenville, SC 29615

VERIFICATION FORM FOR THE BFGOODRICH TIRE MANUFACTURING ANNUAL PHYSICAL EXAM INCENTIVE

- Form to be filled out by your healthcare provider to verify that you or your spouse, if applicable, completed the annual preventive physical exam and applicable lab work from 01/01/2020 - 12/31/2020. Separate forms are required for you and your spouse, if applicable.
In order to qualify for the 2020 Annual Physical Exam Incentive:
(1) It is mandatory that you and your spouse, if applicable, submit a completed verification form,
(2) A claim with a matching date of service must be on file with BCBS of Alabama for employees and spouses covered as primary on the plan, and
(3) The completed form must be submitted by 03/15/2021.

Section 1: Completed by Employee or Covered Spouse

Check One: [] Active Employee [] Spouse

Employee:

Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

Email: Phone # ()

Insurance Card ID# (Numeric Portion Only) [][][][][][][][][][]

Home Address: Street City State Zip

Verification is for: [] Employee [] Spouse covered through my Healthcare Plan

If Verification Form is for your Spouse, complete:

Spouse: Last Name First Name M.I. Date of Birth (mm/dd/yyyy)

Employee Signature Date

Spouse Signature (only if spouse verification) Date

Section 2: Completed by Healthcare Provider

Date of Service

The above named patient was seen in my office on the date of service listed. I completed the examinations marked below. (Do not provide examination results.)

Check the box if completed on Date of Service

- Preventive physical examination []
Laboratory Services - Lipid Panel []
Laboratory Services - Comprehensive Metabolic Panel []

Healthcare Provider Name Phone #

Healthcare Provider Signature

Date Signed

If you have an office stamp, please apply here:

[Empty box for office stamp]