



Chicago Transit Authority (CTA) Annual Wellness Visit Physician Affidavit

Employee Information (Please Print or Type Clearly)

Last Name	First Name	Middle Initial	Badge Number
Street Address		City	State
Mobile Phone		Email	
Zip Code			

Employee Acknowledgment and Agreement:

I understand that in order to be eligible for this preventive screening incentive, I must undergo a physical examination by a licensed physician in 2019. I further understand that my signature below certifies that I have complied with the requirement of completing the physical examination.

Employee's Signature

Date (MM-DD-YY)

Provider Information (Please Print or Type Clearly)

Physician Name	Facility Name		
Street Address	City	State	Zip Code

Provider Certification:

I certify that the patient listed above obtained a physical examination on ____/____/2019 that met the minimum screening requirements for their age.

Physician's Signature

Date (MM-DD-YY)

Physician's Office: Fax completed form to HR Benefit Services at 312-275-8722; scan and email to wellness@transitchicago.com; or mail to Chicago Transit Authority, HR Benefit Services, 567 W. Lake St. Third Floor, Chicago, IL 60661. **The affidavit must be received by Saturday, December 7, 2019.**

Campaign Rules: The "Take Charge of Your Health" campaign is sponsored and administered by the CTA Human Resources Department. All employees enrolled in a CTA medical plan are invited to participate. Upon receiving an affidavit from an employee's physician's office, employee will be entered into a weekly \$25 gift card drawing beginning September 7, 2019. Affidavits must be received by 5 p.m. Friday for consideration that business week; affidavits received after will be considered for the next business week. All employees who submit an affidavit will be entered into a grand prize drawing at the end of the campaign on December 7th. The campaign ends on December 7, 2019 at 5 p.m. All winning employees will be notified by the CTA Human Resources Department by phone or email.

