



CITY OF FORT DODGE

819 1st Avenue South • Fort Dodge, Iowa 50501
Phone (515) 576-4551 • www.fortdodgeiowa.org

WELLNESS BENEFIT VERIFICATION FORM

_____ was seen in our office on _____
(EMPLOYEE NAME) (DATE)

for their annual preventative examination.

_____ (PROVIDER NAME) _____ (PROVIDER PHONE)

_____ (AUTHORIZED SIGNATURE) _____ (DATE)

Employee must turn in the completed Wellness Benefit Verification Form or other appropriate supporting documentation to Human Resources to be eligible for the annual \$50 wellness benefit. Payment will be made on the next scheduled invoice run. Questions? Contact Human Resources at (515) 576-6869.