



MSI will offer employees \$50 to obtain a complete physical. Ask your physician to sign and date the “Let’s Get a Physical” form and submit to human resources to receive this wellness incentive. This incentive is for the 2024 calendar year and is good for one \$50 physical wellness incentive per employee.

On _____ was seen in my office and received a complete physical.
 (Date) (Name)

 Physician’s Signature

 Physician’s Name

 Employee’s Signature

 Employee’s Name

 Address of Physician’s Office

 City, State and Zip Code

 Phone Number

Office Use Only: Date Received from EE: _____ Date Submitted: _____ Date Incentive was Paid: _____
