

Mail Forms to: Steelworkers Health and Welfare Fund 60 Blvd of the Allies, Suite 700 Pittsburgh, PA 15222

Fax to: 412-562-2276 (Please retain your Fax confirmation)
Email to: ccliffshai@gmail.com



VERIFICATION FORM FOR THE 2021 USW/CLEVELAND-CLIFFS HEALTH AWARENESS INITIATIVE

- Form to be filled out by your healthcare provider to verify that you or your spouse, if applicable, completed the Wellness Examination **from 01/01/2021 09/30/2021.** Separate forms are required for you and your spouse, if applicable.
- In order to meet the 2021 Health Awareness Initiative requirement:
 (1) It is mandatory that you and your spouse, if applicable, submit the completed official USW/Cleveland-Cliffs Health Awareness Initiative verification form, and
 - (2) The completed form must be submitted by 11/15/2021.

Section 1: Completed by Emplo			
Check One: ☐ Active Employee ☐ Non-	-Medicare Retiree or Surviving Sp	oouse	
Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy)
Email:		Phone # ()	
Insurance Card ID# (Numeric Portion On	nly)		
Home Address:			
Street	City		State Zip
If Verification Form is for your Spouse, Spouse:	=		
Last Name	First Name	M.I.	Date of Birth (mm/dd/yyyy)
Employee/Retiree Signature	Date		
Spouse Signature (only if spouse verification)	Date		
Section 2: Completed by Health Date of Service	hcare Provider*		
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Work Physicals: A Work Physical does not qualify as a wellness exam.

<u>Preventive testing</u>: When ordering preventive testing for your patient, please refer to the Highmark BCBS Preventative Schedule for covered testing when tests are ordered and coded as preventive/screening. Tests not included within this schedule will not be <u>covered without a diagnosis code other than</u> <u>"routine"</u>, and patient could be responsible for the entire charge. Tests ordered and coded for diagnostic purposes will be processed under the diagnostic

benefit, and medical policy guidelines will be used in determining benefit and payment.