How to complete your VoW

1. Print & read your VoW form (see next page)

2. Have your doctors sign the form at each wellness visit

3. Submit your VoW to BeniComp

   Go to benicompcom/vow or click the button below.

Submit my VoW

KONECRANES®

BENICOMP HEALTH SOLUTIONS

#LiftingLives WELLNESS PROGRAM

KONECRANES Lifting Businesses™

WELLNESS EXAMS REQUIREMENT

Dear Employee:

KCI Holding USA, Inc. requires employees to provide proof they have received annual "Wellness/Preventive" exams with their ***medical, dental, and vision providers*** to be eligible for the premium incentive on their biweekly medical premium co-shares. Preventive medical exams are paid 100% once ***per calendar year***, which means you are ***not*** required to wait 12 months from the date of your last exam. Please contact your doctor's office to confirm when you last had a wellness exam. HR does not have access to this information.

When making an appointment with your medical provider, make sure your provider understands the appointment is for a ***wellness exam only***. **If you discuss any illness or symptoms with the physician at the time of your wellness exam, the visit will change from a preventive exam to a regular office visit.** Please make sure you use an in-network lab for any lab work ordered by your physician and **confirm with the lab this is for a wellness exam.** You may receive a bill for any lab work ordered which is not considered preventive and is coded diagnostic.

The Patient Protection and Affordable Care Act (PPACA) has determined that there be **no cost share for employees** and the Plan pay 100% for a defined set of **Preventive Services** and identifies the specific Preventive Services which must be covered without cost sharing. This list is updated on an ongoing basis, and the complete and current list can be found at: **http://www.HealthCare.gov/center/regulations/prevention.html.**

After your providers have completed their respective section below, please scan and submit to BeniComp at www.benicomp.com/vow. A faxed copy is not acceptable. If you have questions, please give us a call 937-328-5261.

NOTE TO PROVIDER: Please complete the information below to confirm completion of the wellness visit. Return this form to the patient at the end of the visit.

Employee – **PLEASE PRINT**	First	Middle	Last	Last 4 of SSN

Medical Exam

Provider Name			
Provider Phone Number		Date of Visit	
Provider Signature			

Dental Exam

Provider Name			
Provider Phone Number		Date of Visit	
Provider Signature			

Vision Exam

Provider Name			
Provider Phone Number		Date of Visit	
Provider Signature			

The premium incentive will be applied to your biweekly premium co-shares in payroll by the first payroll of the following month or as soon as administratively possible.