



Additional City HSA contribution contingent on verification of annual employee physical

DATE \_\_\_\_\_

This is to verify that \_\_\_\_\_ had his/her

annual physical on \_\_\_\_\_.

Doctor Signature \_\_\_\_\_

Print Doctor's Name \_\_\_\_\_

Received in Human Resources \_\_\_\_\_ by \_\_\_\_\_

To be paid out in \_\_\_\_\_ payroll.

EMPLOYEE MUST COMPLETE: I verify that this physical was not paid for by the City of Martinsville as part of a city required physical for continuation of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date