

The Wellness Benefit

Signature required on reverse side for Fraud Notification

Policyholder Name

Policy Number

Address

City, State, ZIP Code

()

Phone Number

Wellness Screenings

Which wellness screening test did you have?

- | | |
|---|---|
| <input type="checkbox"/> Blood test for triglycerides | <input type="checkbox"/> Pap smear |
| <input type="checkbox"/> Bone marrow aspiration or biopsy | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> CA 15-3 (blood test for breast cancer) | <input type="checkbox"/> Routine Eye Exams |
| <input type="checkbox"/> CA125 (blood test for ovarian cancer) | <input type="checkbox"/> Routine Physicals |
| <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> Serum cholesterol test to determine level of HDL and LDL |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Serum protein electrophoresis (blood test for myeloma) |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Skin Cancer biopsy |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Stress test on a bicycle or treadmill |
| <input type="checkbox"/> Fasting blood glucose test | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Fasting plasma glucose (FPG) | <input type="checkbox"/> Thin prep pap test |
| <input type="checkbox"/> Flexible sigmoidoscopy | <input type="checkbox"/> Two hour post-load plasma glucose |
| <input type="checkbox"/> Hemoglobin A1C (HbA1c) | <input type="checkbox"/> Virtual colonoscopy |
| <input type="checkbox"/> Hemocult stool analysis | <input type="checkbox"/> Well-child/preventive exams (birth-18) |
| <input type="checkbox"/> Immunizations | |
| <input type="checkbox"/> Mammography | |

Patient Name _____

Date of Service __ / __ / __

Place of Service _____

Employer _____

Chubb Workplace Benefits
Claim Department
PO Box 6803
Scranton, PA 18505-6803
1-833-542-2013 IFax Number: 1-312-351-7120

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