



**IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS**

**2201 Liberty Avenue, Room 203, Pittsburgh, PA 15222**

**Toll-Free: 1-800-927-3199, Telephone: 412-227-6740, Fax: 412-261-3816**

**Incentive Requests Must Be Received at the Plan Office Within Three Months of the Date of Service**

**Value Bank  
Incentive Request Form**

Member Name \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Only members and/or spouses may seek incentive credit for any of the following which occurred after January 1, 2010 while eligible and incurred under the Iron Workers Welfare Plan of Western Pennsylvania.**

Please check the incentive(s) you are requesting credit for:

- |  | <u>Amount of<br/>Incentive</u> |
|--|--------------------------------|
| <input type="checkbox"/> Member and/or spouse attend a Highmark Community Program. Member may only earn one incentive per year. Spouse may only earn one incentive per year.<br><b>(Instructor Sign-off Sheet from Highmark is required)</b>   | \$50                           |
| <input type="checkbox"/> Member and/or spouse attend the smoking cessation program "Clear the Air" (a Highmark Community Program). Member may only earn one incentive per year. Spouse may only earn one incentive per year.<br><b>(Instructor Sign-off Sheet from Highmark is required)</b> | \$50                           |
| <input type="checkbox"/> Men age 50+ have a prostate exam.<br><b>(Explanation of Benefits from Highmark is required)</b>   | \$50                           |
| <input type="checkbox"/> Men age 50+ have a colorectal cancer screening.<br><b>(Explanation of Benefits from Highmark is required)</b>   | \$50                           |
| <input type="checkbox"/> Women age 40+ have a gynecological exam.<br><b>(Explanation of Benefits from Highmark is required)</b>  | \$50                           |
| <input type="checkbox"/> Women age 40+ have a mammogram.<br><b>(Explanation of Benefits from Highmark is required)</b>   | \$50                           |
| <input type="checkbox"/> Women age 50+ have a colorectal cancer screening.<br><b>(Explanation of Benefits from Highmark is required)</b>   | \$50                           |

***Proper proof for any incentive is required.***

***Incentive requests must be received at the Plan Office within three months of the date of service.***

**I understand and agree that the information provided above is accurate.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date