



Dental/Vision Check-up Verification Form

Earn up to **TWO** full “Passports to Health” (one for each of the verification options below) for entry into monthly prize drawings.

Must be received by November 9, 2018

Member Information:

Full Name: _____ DOB (MM/DD/YYYY): _____

Address: _____

Phone: (_____) _____ Email Address: _____

I authorize my health care provider to indicate below if I have completed the recommended examination(s).

Member Signature _____

Date _____

*Information provided during participation in the LACERS *Well* program is confidential and will not be shared with your health plan.

To be completed by your Dental Provider

The American Dental Association (ADA) recommends regular dental visits, at intervals tailored by your dentist to accommodate for your current oral health status and history.

Dental Care Verification: I verify that my patient has received a dental check-up in 2018 and I have discussed the importance of regular dental cleanings with my patient.

Dental Provider Name (Please Print) Phone Number

Dental Provider Signature Date
(or authorized practice representative)

Worth one complete “Passport” (5 points each)

To be completed by your Eye Care Provider

The American Academy of Ophthalmology recommends you discuss with your ophthalmologist any factors that would impact the need for, and frequency of, follow up visits.

Eye Care Verification: I verify that my patient has received appropriate eye examinations in 2018 and I have discussed the importance of routine comprehensive eye examinations with my patient.

Eye Care Provider Name (Please Print) Phone Number

Eye Care Provider Signature Date
(or authorized practice representative)

Worth one complete “Passport” (5 points each)

To be entered in a monthly opportunity drawing, this form must be completed by both you and at least one of the providers above, and returned no later than November 9, 2018, to **LACERS Well** at:

Email: LACERSWell@LACERS.org **Secure Fax:** (847) 890-6273

Mail: P.O. Box 512218, Los Angeles, CA 90051-9861

Details on the “Passport to Health” participation program and how you can be a winner!

The LACERS *Well* “Passport to Health” is your ticket to a healthier retirement! As part of the LACERS *Well* “Healthier, Leaner, Stronger!” campaign, the Passport to Health program is designed to let you earn points just for being conscientious about your health. Throughout 2018, Members are encouraged to utilize their Passport to log their participation in approved wellness activities and be entered to win opportunity prizes. Activities include attending Champion-led events and LACERS *Well* workshops, inviting new Members to join the program, completing featured self-challenges, and more.



In 2018, you can be entered into a monthly prize drawing by earning a full “Passport” when you do each of the following:

- A Dental Check-Up
- A Vision Check-up

It’s easy! Here’s how:

- 1) Complete the “Member” portion of the enclosed Dental/Vision Check-up Verification Form. Member spouses/domestic partners are eligible and encouraged to participate by submitting their own verification form.
- 2) Present this form to your dental and/or vision provider during your next visit for his or her verification/signature.
- 3) Submit the completed and signed form to LACERS by November 9, 2018, to be entered for opportunity prize drawings.

For more details, log on to www.LACERS.org/lacerswell or call LACERS Member Service Center at (800) 779-8328.

Some examples of past opportunity prizes are: \$50 gift cards, foldable bikes, Fitbits®, iPads®, tickets for local events and entertainment, and much more!

Don’t miss out; follow the instructions above to complete and submit your Dental/Vision Check-Up Verification Form today!

Please review your 2018 LACERS Health Benefits Guide for vision and/or dental plan details to determine the preventive care/health maintenance benefits provided, including services included, number of visits covered per year, and any applicable deductibles/copays that may apply.