

SINCLAIR

# Physician's Verification Form 2027

**This form is to be completed and submitted by Sept 30, 2026**

Earn the **"Wellness Discount" of \$50 per pay** by completing the Physician's Verification Form in 3 simple steps.  
*If you were hired on or after May 1, 2026, the "Wellness Discount" is automatic for your first year and this form does not apply to you.*

## STEP 1: SINCLAIR EMPLOYEE SECTION

PLEASE PRINT THE INFORMATION BELOW

FIRST NAME

LAST NAME

DATE OF BIRTH

WORK EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

## STEP 2: PHYSICIAN'S SECTION

TO BE COMPLETED BY YOUR MEDICAL PROVIDER

I have worked with the individual listed above to provide age and gender recommended preventive exams and testing (such as a physical, colonoscopy, mammogram, etc.)

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S NAME (PLEASE PRINT)

WORK NUMBER

*Please return this form to the Sinclair employee listed above.*

*For questions (physicians only) contact 1-888-496-9097. Sinclair reserves the right to verify information.*

## STEP 3: SUBMIT BY EMAIL

EMAIL THIS FORM TO [SBGWELLNESS@SBGTV.COM](mailto:SBGWELLNESS@SBGTV.COM) BY 9/30/2026

**Routine wellness exams are covered based on necessity, there is no 365 day requirement between appointments.  
If the visit is coded as routine wellness, it will be covered at 100% and paid in accordance with the Plan.**