



**UA Local Union 190 Benefit Funds**  
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[www.ua190benefits.org](http://www.ua190benefits.org)

## 2026 Annual Physical Verification

Instructions: Please complete the top of this form and take it to your physician to complete the bottom part of the form. Please email the completed form to Bernadette Maus at [bmaus@ua190.org](mailto:bmaus@ua190.org).

**Only MEMBERS need to supply Annual Physical Verification.**  
**Forms received after October 31, 2026, will automatically default to Standard Plan.**

**Exam Date:**

Patient Last Name: (Print)	Patient First Name: (Print)
Patient Signature:	Member Last Four Digits of SSN#:

**PHYSICIAN INSTRUCTIONS:** Please complete all the fields below, sign and email the completed form to Bernadette Maus at [bmaus@ua190.org](mailto:bmaus@ua190.org), no later than October 31, 2026.

**Physician Signature: I verify the information supplied is complete and accurate.**

Physician Last Name:	Physician First Name: Date:
Physician Signature:	Physician Telephone Number:

Physician's office please note: The annual physical or health maintenance exam also includes coverage for services listed below. Please note that BCBS will pay for an annual physical once per calendar year.

<b>Gynecological examination</b>	<b>Testicular examination</b>
<b>Blood pressure measurement</b>	<b>Rectal examination</b>
<b>Skin examination for malignancy</b>	<b>Health counseling regarding potential health risk factors</b>
<b>Breast examination</b>	