



UA Local Union 190 Benefit Funds
P.O. Box 110 • St. Clair Shores, MI 48080
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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 .	
<u>Only MEMBERS need to supply Annual Physical Verification.</u> <u>Forms received after October 31, 2026, will automatically default to Standard Plan.</u>	
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 , 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.

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