

Roofers Local No. 20 Health and Welfare Fund and Pension Trust Fund

HEALTH AND WELFARE
EMPLOYER TRUSTEES
ANDREW CHRIST
JOHN DALY
MATTHEW McNAMARA

6321 Blue Ridge Blvd., Suite 101
Raytown, Missouri 64133
816-313-9427
Fax 816-313-0004

HEALTH AND WELFARE
UNION TRUSTEES
STEVE GERCONI
JOE LOGSDON
PAUL POST



PENSION EMPLOYER
TRUSTEES
MATT PIERCE
MARY McNAMARA
JAMES BOLAND

PENSION UNION
TRUSTEES
STEVE GERCONI
JOE LOGSDON
PAUL POST

Annual Physical Examination Incentive Verification

There is no co-pay to be collected/required for a screening that is 100% preventive.
This is to verify, that I, _____ (Name) have completed my
Annual Physical Examination on _____ (Date).

Covered Member or Spouse Name:	Covered Member or Spouse Signature:	Date:
Physician Name:	Physician Signature:	Date:

<i>Please print the following information:</i>	
Member	
Work Phone	
Email Address	

Forms can be submitted to:

Roofers Benefits Office
6321 Blue Ridge Blvd., Suite 101
Raytown, MO 64133

Please keep a copy of this certificate for your records and provide the original to the Fund Administrator,
Michelle Ross, by no later than **November 15, 2024.**

If you have any questions, please contact Michelle Ross at (816) 313-9427 or fax (816) 313-0004

PARTICIPANTS ARE RESPONSIBLE FOR THE SUBMISSION OF FORMS.

mburnette@roofers20kcbenefits.com sbaker@roofers20kcbenefits.com mross@roofers20kcbenefits.com

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Annual Physical Examination Incentive Verification

This is to verify, that I, _____ (Name) have
completed my Annual Physical Examination on _____ (Date).

Covered Member or Spouse Name:	Covered Member or Spouse Signature:	Date:
Physician and/or Nurse Practitioner Name:	Physician and/or Nurse Practitioner Signature:	Date:

<i>Please print the following information:</i>	
Member	
Work Phone	
Email Address	

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