Spouse Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer where HRA completed (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify I completed my HRA through my Employer on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(date)*

Employee Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

account

***Deadline to complete HRA and requirements is September 25, 2020***

***September 25, 2020***.

*than*

*later*

*no*

HumanResources@greenbaywi.gov

to

send

and

scan

an

have

don’t

Input signed form into the employee’s City of Green Bay employee myInertia account or if they

**2020 HRA Screening By Spouse’s Employer**

**2020**

**City of Green Bay**

**SPOUSE HEALTH RISK ASSESSMENT (HRA) SIGN-OFF FORM**

If under age 40 on January 1, 2020

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

To receive confirmation of receipt of Spouse HRA Sign-Off form, add e-mail address below.



indicate completion of the requirements by **September 25, 2020**.

The spouse’s completed MD Sign-Off form and HRA Sign-Off form must be submitted to



requirements.

exam

it is not necessary to complete the physical



by January 1, 2020. Use the MD Sign-Off form for the required physical testing.

Completion of routine physical exam and other tests are required if spouse has reached age 40



**PLEASE NOTE**

***September 25, 2020.***

requirement for the City of Green Bay may be waived by completing and returning this form ***by***

**I**f a spouse has received an HRA screening from their employer for 2020, the spouse’s HRA