



**International Brotherhood of Electrical Workers – Local 300
Health and Welfare Fund**

3 Gregory Drive South Burlington, VT 05403
Telephone (802) 864-5864
Fax (802) 864-5495



Preventive Care Appointment Affidavit

Name of Plan Participant _____

I _____ (name) hereby certify that I had a
preventive care visit with _____ (name of practitioner)
at their office located at _____ (office address) on
_____ (date).

I acknowledge that the IBEW Local 300 Health and Welfare Fund may audit this information by confirming the above information with the office where the appointment was held.

Signature

Date

Signature of physician or representative from physician's office**

Date

***If this form is not signed by the physician or a representative from the physician's office, please provide an Explanation of Benefits (EOB) when you hand in this affidavit.*