



**SARASOTA COUNTY GOVERNMENT
DENTAL EXAM REWARD CREDIT**

<i>EMPLOYEE INFORMATION</i>				
Name: Last	/ First	MI	Date of Service	Aetna ID #
/				
Address:		City:	State:	Zip:

<i>SPOUSE INFORMATION</i>				
Name: Last	/ First	MI	Date of Service	Date of Birth
/				

By signing the below, I hereby certify that I and/or my spouse had a preventive dental exam.

Employee Signature: _____

Date: _____
(Month, Day, Year)

**Please email the completed form to SarasotaIncentiveRewards@Aetna.com
Reward Credits are awarded 30 days after we receive the completed and signed form.**



**SARASOTA COUNTY GOVERNMENT
VISION ONE CARE REWARD CREDIT**

<i>EMPLOYEE INFORMATION</i>				
Name: Last	/ First	MI	Date of Service	Aetna ID #
	/			
Address:		City:	State:	Zip:

<i>SPOUSE INFORMATION</i>				
Name: Last	/ First	MI	Date of Service	Date of Birth
	/			

By signing the below, I hereby certify that I and/or my spouse had a vision exam.

Employee Signature: _____

Date: _____
(Month, Day, Year)

**Please email the completed form to SarasotaIncentiveRewards@Aetna.com
Reward Credits are awarded 30 days after we receive the completed and signed form.**