DEPARTMENT OF
HUMAN
RESOURCES

City of Little Rock: Annual Physical Form

Please return this form to:
City of Little Rock
Risk Management & Wellness Division
500 W. Markham St, Suite 130W, Little Rock, Arkansas 72201
Office: (501) 371-4670
Email: CityOnTheMove@littlerock.gov or HRBenefits@littlerock.gov

Mandatory: Complete before December 31, 2026

Penalty: Will be charged$100permonthuntilthedocumentisturnedintoHuman Resources

Member Name: _____ (Please Print)

Employee #: _____ (Required)

Employer: City of Little Rock

The referenced member above completed an Annual Physical Exam on (mm/dd/yyyy) _____

Physician's/Nurse/Pharmacist Name and Office Location/City Event:

_____

_____

_____

_____

Physician's/Nurse/Pharmacist Signature: _____ Date: _____

I (_____) have completed the City of Little Rock Annual Physcial Exam.

Employee's Signature: _____ Date: _____

As a member of the City of Little Rock's group health program, I am required to complete an annual physical exam. The annual physical exam must be completed between January 1, 2026, and December 31, 2026.

Why do an Annual Physical Exam?

If you do not complete an annual physical exam, you will be charged a $100 premium for your health insurance until you complete an exam and provide documentation of the exam to Human Resources.

☐ Annual Physical Exam (1 per year; age 18+)