



Attention to Prevention Cancer Screening Benefit



Because early detection is the best form of prevention for all cancers, employees of The Arc of Washington County are encouraged to keep updated on all recommended cancer screenings. To promote a healthier workforce and reduce cancer deaths, **regular full-time and part-time employees, classified to work at least 20 hours a week and who have completed 90 days of service, will receive \$10 in Arc Bucks for completing a cancer screening** (limited to one screening per eligible employee per calendar year).

You are strongly encouraged to consult with your healthcare provider for information regarding recommended cancer screenings and review the associated benefits and risks. Your healthcare provider will consider your personal health history, family health history, prior screening results, and other possible risk factors to help guide if, when, and how often to screen for cancer. Cancer screenings are not mandatory or essential for everyone.

If you need time off from work to complete a cancer screening, follow normal procedures for your department to request the time in advance.

Eligible cancer screenings include any of the following, when conducted by a licensed healthcare professional for the purpose of detecting signs of cancer before you have symptoms:

- **Physical exam:** An examination of the body to check for signs of disease, such as lumps or anything else that seems unusual.
- **Laboratory tests:** Medical procedures that test samples of tissue, blood, urine, or other substances in the body.
- **Imaging procedures:** Procedures that make pictures of areas inside the body.
- **Genetic tests:** Tests that look for certain gene mutations (changes) that are linked to some types of cancer.

For more information about The Arc WC's cancer screening initiative, visit myMonarc.org. For more information about cancer screenings, visit Cancer.gov or CDC.gov/Cancer.

To receive your \$10 in Arc Bucks, please complete the following information. Do not provide information about your specific cancer screening, screening provider, or screening results.

I hereby certify that I received an eligible cancer screening on _____ (date).

Your name:
(please print)

Today's date:

Your signature:

Your 4-digit

employee PIN:

Return this completed form to the HR Coordinator. The final day to submit a request for cancer screening benefit for the current year is 1/31 of the following year. For example, no later than 1/31/2021 for a screening in 2020.



Arc Bucks distributed to employee/program on: _____