PRG
REAL ESTATE

Preventive Care Visit Discount Affidavit

Please review this affidavit carefully and sign and date at the bottom and return it to Justin Cruz (jcruz@prgrealestate.com) in Human Resources in order to be eligible for a discount.

By completing this affidavit, you are confirming that you completed a Preventive Care Visit at a Primary Care Physician in the year 2025.

I. Declaration

By signing this I,_____ (print name), certify that I completed a Preventive Care Visit at a Primary Care Physician in the year of 2025.

II. Acknowledgment

I certify that the information I have provided in this Affidavit is true and correct. I understand that any falsification of information may lead to disciplinary action up to and including termination of my employment.

Please contact Justin Cruz, Compensation and Benefits Specialist in Human Resources at 267-538-1940 with any questions or concerns you have regarding the Preventive Care Visit Discount Affidavit.

_____ _____
Employee Signature Date

_____ _____
Human Resources Signature Date

PRG Form EMP-57