

### Well-Being Activity Verification Form

Only activities completed from Jan 1, 2020 through Nov 15, 2020 are eligible for the 2021 wellness plan year. All documentation must be submitted by Nov 15, 2020. **Submit this form on your Asset Health profile under the “activity tracking” tab.**

#### Participant Information

Name: *(print)*

\_\_\_\_\_  
*Last* *First*  
Associate/Spouse/Domestic Partner (*circle one*) Date:

Phone Number: \_\_\_\_\_ Facility Location: \_\_\_\_\_

Email (required): \_\_\_\_\_

Type of Activity (*please check one*):

- Volunteering
- Sports League (*Baseball, Softball, Volleyball, Basketball, Kickball, Football, Rugby, Soccer, Other: \_\_\_\_\_*)
- Race (*5k, 10k, Half Marathon, Marathon*)
- Preventative Health Exam (*Annual Physical, Pap Smear, Mammogram, Prostate Screening, Colonoscopy, Skin Cancer Screening, Other: \_\_\_\_\_*)
- Dental/Vision Exam
- Flu Shot
- Health Coaching (*Grande clinic or Agnesian telephonic coaching*)
- Biometric Review (*Grande clinic only*)

\_\_\_\_\_  
*Witness Signature* *Date*

\_\_\_\_\_  
*Witness Print Name*

\_\_\_\_\_  
*Witness Phone Number:*

\_\_\_\_\_  
*Witness Email:*

\_\_\_\_\_  
*Name of Event/Organization:*

\_\_\_\_\_  
*Participant Signature* *Date*

Witness should be your physician, clinic receptionist or event organizer/representative. Verification form or other proof of participation is eligible for audit. Any falsified documentation may result in disciplinary action, up to and including ineligibility for medical premium. Please see the activity page for submission requirements for activities not listed on this form.

\*For telephonic coaching, please fill in your health coach’s information. Witness signature not required.