



# points verification form

LIFESTYLE HEALTHY REWARDS... WE'LL MATCH YOU!

To receive your wellness points, please complete this form.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

LHP Number: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Program Year: \_\_\_\_\_

Home  Work  Cell

I am submitting proof for the following wellness activity:

## hra / biometrics

- HRA Completion
- Lab Work / Biometrics
- Blood Pressure: \_\_\_\_\_

## challenges

- Individual Challenge: \_\_\_\_\_
- Corporate Challenge: \_\_\_\_\_

## prevention

- Physical / Wellness Exam
- Vision Exam
- Dental Exam
- Flu Shot
- Date of Exam / Shot: \_\_\_\_\_
- Provider Name: \_\_\_\_\_
- Provider Signature: \_\_\_\_\_

## healthy actions

- Gym Attendance (include report from gym)
- Self-Reported Exercise
- Quarter:  1st  2nd  3rd  4th
- # of Times: \_\_\_\_\_
- Verified Race Competition (include registration)
- Race Distance: \_\_\_\_\_

*I hereby attest and verify that I have completed the requirements for the wellness activities noted above.*

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please send a copy of the completed form to the Healthy Rewards Wellness Department:*

**Email: [wellness@lifestylehealthbenefits.com](mailto:wellness@lifestylehealthbenefits.com) | Fax: (316) 616-6161**

