



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 | Fax: (316) 616-6161

