



## Activity Form

This form is for employees enrolled in a health insurance plan through the Health Connector for Business who have completed a qualifying wellness activity and are seeking a reward under the Health Connector's ConnectWell program. This form may be used to verify completion of one of the qualifying activities listed below. Please note that any qualifying activity not listed below requires separate verification documentation, and this form cannot be used to verify completion of those activities.

- Volunteering
- Quitting Smoking (As proof of counseling or medication)
- Visit to nutritionist
- Participation in community gardening project
- Physical or preventive health screening

Complete this form by filling out the sections and signing below. You will also need signature from a person who administered, organized, or supervised the activity, attesting that you completed the activity.

The Health Connector for Business reserves the right to request additional documentation as may be necessary to verify that the information provided on this form is true and complete.

### Employee Information

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_ (MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

### Activity Category

Please select the type of wellness activity you participated in from the following list:

- Volunteering
- Quitting Smoking (Counseling)
- Quitting Smoking (Medication)
- Visit to nutritionist
- Participation in community gardening project
- Physical or preventive health screening

Please note that any activity not included above requires verification documentation other than this activity form.

## Activity Information

Date activity was completed: \_\_\_\_\_

Facility or program that you participated with: \_\_\_\_\_

Please write a short description of the activity you completed.

## Signatures

### Employee signature

By signing below, you certify under the pains and penalties of perjury that the information you have provided is true and complete to the best of your knowledge, including that you completed the activity indicated above, and that the individual whose signature appears below administered, organized, or supervised the activity. Further, you understand and agree that the Health Connector for Business may request additional documentation from you before approving your eligibility for a reward under ConnectWell, and that the Health Connector for Business retains the sole authority to determine whether you are eligible for such reward.

Employee Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Activity Administrator/Organizer/Supervisor Signature

By signing below, you certify under the pains and penalties of perjury that you were the administrator, organizer, or supervisor of the above activity, and that the above-named employee completed the activity on the date indicated.

Administrator/Organizer/Supervisor Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please check one of the options below to indicate the relationship of the above individual to your chosen wellness activity:

- Volunteer Coordinator
- Certified Smoking Cessation Counselor
- Licensed Healthcare Provider
- Licensed Nutritionist
- Community Gardening Project Leader