



## Kaiser Permanente Living Well With Chronic Conditions Workshops Confirmation Form

You may earn \$200 of your 2019 HRA funding if you complete a Kaiser Permanente Living Well with Chronic Conditions workshop at either in person meetings or on-line between January 1, 2018 and December 31, 2018. You must attend at least 4 of the 6 workshop sessions to qualify for HRA funding, but you will benefit the most from completing all 6 sessions.

**Have questions about the program? Contact [livewell.c@ghc.org](mailto:livewell.c@ghc.org) for answers.**

### PLEASE COMPLETE ALL SECTIONS IN FULL

#### 1. PARTICIPANT / ATTENDEE INFORMATION (To be completed by participant/attendee)

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

Last 4 of SSN: \_\_\_\_\_ Kaiser Permanente ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Who Attended the Workshop: Self ☐ Spouse ☐

Attendee's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M ☐ F ☐

#### 2. COMPLETE THIS SECTION IF WORKSHOP WAS ATTENDED ON-LINE

Name of Workshop: \_\_\_\_\_

Date Workshop Started: \_\_\_\_\_

#### 3. COMPLETE THIS SECTION IF WORKSHOP WAS ATTENDED IN PERSON

Name of Workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Dates of Workshop: \_\_\_\_\_

#### 4. CERTIFICATION

I certify that the information on this form is correct.

WORKSHOP ATTENDEE'S SIGNATURE

DATE

Please complete this form and return to:

Megan Kavanagh  
Kaiser Permanente  
200 15<sup>th</sup> Avenue East, CWB-3  
Seattle, WA 98112  
[kavanagh.m@ghc.org](mailto:kavanagh.m@ghc.org)

#### 5. KAISER PERMANENTE CERTIFICATION

I certify that \_\_\_\_\_ Did ☐ Did Not ☐ complete 4 of 6 workshop sessions to earn HRA funding.  
Attendee Name

\_\_\_\_\_  
Megan Kavanagh

\_\_\_\_\_  
Date