



# Kaiser Permanente Living Well With Chronic Conditions Workshops Confirmation Form

You may earn \$200 of your 2020 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, 2019 and December 31, 2019. 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@kp.org](mailto:livewell.c@kp.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  
[Megan.M.Kavanagh@kp.org](mailto:Megan.M.Kavanagh@kp.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