



11724 NE 195th St. Suite 300  
Bothell, WA 98011-3145

(206) 282-4500  
(800) 225-7620

www.soundhealthwellness.com

# WEIGHT LOSS PROGRAMS PARTICIPATION FORM FOR HRA CREDIT

By actively participating\* in Weight Watchers®, Jenny Craig®, NutriSystem®, 3010 Weight Loss for Life®, or 2020 Lifestyles® – for three consecutive months during 2023, you can earn \$150 in 2024 HRA funding. Or, by actively participating for six consecutive months, you can earn \$200 in 2024 HRA funding.

*\*Membership or program fees are not paid for by the Trust.*

## PLEASE COMPLETE ALL SECTIONS IN FULL

Include a copy of a report from the Weight Loss program indicating your weight was recorded **weekly** for three consecutive months.

### 1. EMPLOYEE INFORMATION (To be completed by Employee)

Employee Name: \_\_\_\_\_ Last 4 of SSN #: \_\_\_\_\_

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

### 2. WEIGHT LOSS PROGRAM PARTICIPANT (To be completed by program participant)

Relationship to employee: Self  Spouse

Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F

### 3. CERTIFICATION

I certify that the information on this form is correct and participation requirements were met.

PROGRAM PARTICIPANT'S SIGNATURE

DATE

Mail this fully completed form to:

Sound Health & Wellness Trust  
Attn: HRA Funding  
11724 NE 195th St. Suite 300  
Bothell, WA 98011-3145

Or

Fax to: (206) 285-1701