



11724 NE 195th St. Suite 300
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(206) 282-4500
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www.soundhealthwellness.com

FITNESS ACTIVITY TRACKER CONFIRMATION FORM

You may earn 2025 HRA funding* by wearing a fitness or activity tracker to record the number of steps taken each day. You must complete 10,000 steps per day or 5 miles of running/walking for 30 or more days within a consecutive 3-month period between January 1, 2024 and December 31, 2024. Please visit www.soundhealthwellness.com for more information.

(* In order to qualify for HRA funding, only internet-based system documentation will be accepted. Final determination of HRA funding will be made by the Trust Office when this form and supporting documentation is submitted. The cost of the fitness or activity tracker are not paid for by the Trust.

PLEASE COMPLETE ALL SECTIONS IN FULL

Attach a **computerized** print out of your daily activity that must include dates and steps taken or distance walked/ran (handwritten submissions will not be accepted).

1. EMPLOYEE INFORMATION (To be completed by Employee)

Employee Name: _____ Employee Social Security #: _____ - _____ - _____

Address: _____ City _____ State _____ Zip _____

2. FITNESS TRACKER PARTICIPANT (To be completed by 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 the services were provided as indicated.

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