



11724 NE 195th St. Suite 300 (206) 282-4500 www.soundhealthwellness.com  
 Bothell, WA 98011-3145 (800) 225-7620

## GYM\* ATTENDANCE CONFIRMATION FORM

You may earn 2025 HRA funding if you actively participate in a public gym\*. Active participation means that you must have 20 visits logged at your gym\* in any 3 consecutive calendar months between January 1, 2024 and December 31, 2024. Please visit [www.soundhealthwellness.com](http://www.soundhealthwellness.com) for more information.

(\* ) A "gym" is defined as a public facility outside of the participant's home that is in the business of exercise/health and fitness training. Final determination of gym attendance availability will be made by the Trust Office when this form and supporting documentation is submitted. Gym membership fees are not paid for by the Trust.

### PLEASE COMPLETE ALL SECTIONS IN FULL

Attach the following from your gym\* as proof of participation.  
This gym\* information must include:

- the name and location of the gym\*
- the name of the person who owns the gym\* membership
- signed by a representative of the public facility
- a computerized date stamp of each date of attendance

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

Employee Name: \_\_\_\_\_ Employee Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

#### 2. GYM PARTICIPANT INFORMATION (To be completed by participant)

Gym membership belongs to: Employee  Spouse  Same Sex Domestic Partner

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 195<sup>th</sup> St. Suite 300  
 Bothell, WA 98011-3145  
 Or  
 Fax to: (206) 285-1701