



11724 NE 195th St. Suite 300
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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 2024, you can earn \$150 in 2025 HRA funding. Or, by actively participating for six consecutive months, you can earn \$200 in 2025 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