



**SOUND HEALTH
& WELLNESS TRUST**

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

You may earn 2027 HRA funding* by actively participating in Weight Watchers®; Jenny Craig®; NutriSystem®; 3010 Weight Loss for Life®; or 2020 Lifestyles®. You must record your weight weekly for three consecutive months between January 1, 2026 and December 31, 2026. 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 weight loss program or membership 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