



201 Queen Anne Ave. N. #100  
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[www.soundhealthwellness.com](http://www.soundhealthwellness.com)

## FITNESS ACTIVITY TRACKER CONFIRMATION FORM

You may earn 2017 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, 2016 and December 31, 2016. Please visit [www.soundhealthwellness.com](http://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  
201 Queen Anne Avenue North, Suite 100  
Seattle, WA 98109  
Or  
Fax to: (206) 285-1701