



**SOUND HEALTH  
& WELLNESS TRUST**

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Bothell, WA 98011-3145

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(800) 225-7620

[www.soundhealthwellness.com](http://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, 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 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