



2011



Changing Weighs Program Verification Form

To be completed by employee:

Name (print): _____

ID #: _____

Site: _____

Signature: _____

I wish to participate in the *Health is Wealth* program and receive 75 *Health Is Wealth* points toward my employee contribution rate. *(Please check and complete the appropriate section.)*

My BMI is 35 or Under

Optimal Nutrition has verified this individual's BMI is 35 or under.

Optimal Nutrition Representative: _____

Date: _____

I understand that any dishonest or false representation of my completion of the **Changing Weighs** program will result in immediate loss of my 75 *Health is Wealth* points.

My BMI is 35.1 or Over

My signature above verifies that I have completed the 10 workshop **Changing Weighs** program. I understand that any dishonest or false representation of my completion of the **Changing Weighs** program will result in immediate loss of my 75 *Health is Wealth* points.

Return this fully completed and signed form to Human Resources to receive your 75 Health Is Wealth points.



For HR Use Only:
Received By: _____ Date Received/Posted: _____