

# 2013 Changing Weighs Program Verification Form

Return this fully completed and signed form to Human Resources by December 14, 2012 to receive your 100 Health Is Wealth™ points.



To be completed by employee:

Name (print): \_\_\_\_\_  
ID #: \_\_\_\_\_  
Site: \_\_\_\_\_

I wish to participate in the *Health is Wealth* program and receive 100 *Health Is Wealth* points toward my reduced 2013 medical plan deductible. (Please check and complete the appropriate section.)

I Am Grandfathered For 2013—My BMI is 34 or Under and I Completed the Changing Weights Program During 2011

Optimal Nutrition has verified this individual's BMI is 34 or under.

Optimal Nutrition Representative: \_\_\_\_\_

Date: \_\_\_\_\_

My BMI is 33.1 or Over and I Have Completed in 2012 the 10 Workshop Program for 2013

Session Number Attended: \_\_\_\_\_ Date Last Class Attended: \_\_\_\_\_

My BMI is 33 or Under As Measured After January 1, 2012

Optimal Nutrition has verified this individual's BMI is 33 or under.

Optimal Nutrition Representative: \_\_\_\_\_

Date: \_\_\_\_\_

## Verification

My signature verifies that I completed the **Changing Weighs** program in 2012. I understand that any dishonest or false representation of my completion of the **Changing Weighs** program will result in immediate loss of my 100 *Health is Wealth* points.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

For HR Use Only:

Received By: \_\_\_\_\_

Date Received/Posted: \_\_\_\_\_

