



2017 CHS LiveWELL Incentive Health Coaching Alternative Form

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REQUIRED: Employee ID#
(Find six-digit ID# by your name on paycheck)

Last Name (print legibly)

First Name

Middle Initial

Birth date: ___ mo/ ___ day/ ___ year **Best phone to reach you:** _____

Work Location & Department _____

I am enrolled in the following CHS LiveWELL Health Plan (circle one): **Yes** **No**

Instructions: Ask your program professional to complete the information below.

Indicate the program completed:

- CHS/LiveWELL Diabetes Prevention Program (DPP)
- YMCA Lifestyle Management and Medical Referral Program
- Weight Watchers (in-person meeting, no online)
- Quit Smart or other tobacco cessation program completion
- Carolinas Weight Management Center program or Weight Loss Surgery program
- Professional counseling or coaching sessions
- Compassion Champion (submit Compassion Log with this form)
- Mental Health First Aid 8-hour class OR CURO or POT trainings
- Know Your Numbers Lab Results Review at CHS On-Site Care (labs must be done at CHS On-Site Care in 2016)

Date(s) of program: _____ Today's Date: ___ mo/ ___ day/ ___ year

Program Professional's Name (**printed**): _____

Program Professional's Signature: _____

Deadline: This form must be received by CHS LiveWELL no later than **last day of Benefits Open Enrollment, 2017.**
Fax the completed form before the deadline to CHS LiveWELL at **704.446.1635** or email to
CHSLiveWELLRewards@CarolinasHealthCare.org.

Retain your completed copy of this form and your fax confirmation until your incentive reward is received.