



4 South Eagleville Road
Mansfield, CT 06268



Town of Tolland Employee Be Well Rewards Fitness Action Steps Verification Form

This form is to verify my participation in off-site fitness activities for the 2024-2025 Be Well Rewards Program.

A NEW FORM MUST BE COMPLETED FOR EACH QUARTER OF PARTICIPATION!

I understand my participation in this program is completely voluntary and will be completed during non-work hours.

**I have registered for the following fitness class: _____ (ie. Zumba, yoga or other)
This class meets a minimum of one time per week for at least 4 weeks.**

This class is offered though (name of facility or location): _____

Dates of class: _____

OR:

**I have joined the _____ fitness facility/club for one
at least one month. I will utilize the facility/club for fitness purposes a minimum of 10
times each calendar month. Month of participation: _____**

OR:

I will track my steps and email a record to Be Well on a Monthly or Quarterly basis.

I understand the qualification of this fitness program verification is contingent upon my full participation. Accordingly, it is my intention to fully participate as indicated above. I further understand that Be Well may contact the facility to verify my participation.

Employee (or Spouse) Name (print) _____

Employee (or Spouse) Signature _____ Date _____

July 2024

Return this form to Be Well by any of the following:

FAX: 860-429-3321 scan & email: be_well@ehhd.org Mail: 4 South Eagleville Rd, Mansfield, CT 06268

2024-2025