

SAMPLE

Employee Verification of Health Status Healthy Lifestyle Performance

1. Name: Fred Subscriber
2. Address: 333 North Montgomery, Quincy, FL 32222
3. Date of Birth: February 10, 1975
4. Contract No.: Z445599

Information Concerning Healthy Lifestyle:

Are you a smoker? Yes No If you are a former smoker, when did you quit? Date 01/05/98

Beginning height/weight (inches/pounds): 71 inches/200 lbs
Date: 01/01/07

Ending height/weight (inches/pounds): 71 inches/175 lbs.
Date: 12/31/07

I am verifying by my signature below that the above information is true.

Employee Signature: /s/

Date: 01/05/08

**Professional or Program Employee Verification:

(Only required for weight reduction rebate or healthy lifestyle maintenance.)

Name Betsey Mae Abner
Address 555 North Michigan Avenue
City/State/Zip Tallahassee, FL 32303
Telephone 850/555-1313

Program affiliation or professional designation Assistant Manager,
Silver's Gym, Tallahassee

Signature: /s/
Date: December 31, 2007

**Professional or Program Employee Verification may include any health care professional or employee of a licensed health program, health club, or weight improvement program.