

2019 LiveWELL Incentives: Financial Health Alternative Form

Employee ID# (Required)

(You can find your six-digit ID# by your name on your paycheck)

DEADLINE: This form must be received by LiveWELL by **the last day of Benefits Open Enrollment period in the fall of 2019.**

Instructions: Email a scanned PDF to LiveWELLRewards@AtriumHealth.org (photographs cannot be processed) or fax the completed form before the deadline to **704.446.1635.**

Reminders: Please retain your completed copy of this form or your fax confirmation until your incentive reward has been received. Check that this reward shows as **Achieved** in your Total Health Portal two weeks after sending this form.

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ___ mo/___ day/___ year Best Contact Number: _____

Work Location: _____ Department: _____

I am enrolled in a LiveWELL Health Plan (circle one): Yes No

Financial Health Alternative

(To be completed by your financial advisor or educator)

I am the financial advisor for this teammate

This teammate completed a financial education program

Topic/title of financial education: _____

Date(s) of program/advising: _____

Today's Date: ___ mo/___ day/___ year

Advisor's/Educator's Name (printed): _____

Advisor's/Educator's Signature: _____

Phone Number: _____ Business/Educational facility name: _____