

Program Year:

Sponsor ID

Member number

PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

Input field for First Name (20 boxes)

Last Name

Input field for Last Name (20 boxes)

Employee

Input box for Employee

Spouse

Input box for Spouse

Date of Birth mm / dd / yyyy

Input field for Date of Birth (mm / dd / yyyy)

Employee ID

Input field for Employee ID (10 boxes)

Email

Input field for Email (30 boxes)

Employee Member Signature

Signature Date

PART 2: REASONABLE ALTERNATIVES FOR ACTIVITIES (Provider completes Part 2)

Virgin Pulse standard

Input box



Input box



Input box

Input box

Input box

Healthcare Provider Name (please print)

Healthcare Provider Signature

Healthcare Provider Phone Number

Healthcare Provider Signature Date

To submit your completed form, use Secure Fax:

COMPLETE THIS FORM AND SUBMIT BY:

Mail: Virgin Pulse 492 Old Connecticut Path Suite 501 Framingham, MA 01701

Incomplete or altered submissions of this form may delay or eliminate your reasonable alternative eligibility.