

## EMPLOYEE HEALTH PLAN TOTAL CARE WELLNESS PROGRAM APPLICATION

### PHYSICAL ACTIVITY (Cleveland Clinic Owned Fitness Centers or *Curves*)

Date: _____	Medical ID Card Number: _____
Employee Name: _____	Employee ID Number _____
Address: _____	City: _____ State: _____ Zip: _____
Home Phone: (_____) _____	Work Phone: (_____) _____ Ext: _____
Email Address: _____	

Would you like to participate in the \$100 Cash Incentive Program?  Yes  No

Goal: Participation of 10 times per month for 10 months

ONLY ONE fitness membership will be paid

- FAIRVIEW HOSPITAL (Limited Capacity)       PARKER (Parker Employees Only)       W.O. WALKER

Curves/Location (Address): **Curves Tel: 954-341-2300**  
8305 West Atlantic Blvd  
Coral Springs FL 33071

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Waist Measurement: \_\_\_\_\_

Program Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** For verification of attendance and cost sharing by Cleveland Clinic, this form must be returned within 10 days of the start date.

**MAIL COMPLETED FORM TO:**  
Cleveland Clinic  
Employee Health Plan Total Care  
3050 Science Park Dr. AC332b. ATTN: EHP Wellness  
Beachwood, OH 44122  
Phone: 216-448-0800

*Faxes cannot be accepted as an original signature is required.*

#### AUTHORIZATION FOR RELEASE OF INFORMATION

I am in agreement to provide my height, monthly weigh-in status, abdominal, hip and waist measurements, and attendance records as required to the Cleveland Clinic Employee Health Plan Total Care for verification of participation in the program. I understand this information is necessary for payment of the program. This information is completely confidential and will ONLY be used to report program success in the aggregate and to determine if I am eligible for the \$100 cash incentive based on setting a goal. Payment of membership by Cleveland Clinic will terminate upon termination of employment, if I cease to be a member of the EHP, or if I do not meet program requirements.

Employee/Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_