



Wellness Program Self-Report Form

Wellness and Work-Life at the University of Alabama cares about improving the health and well-being of our faculty and staff. Complete this form if you participated in a wellness program not facilitated by Wellness and Work-Life and are seeking qualifying program credit towards your 2024 WellBAMA Rewards.

Today's Date: _____

Name: _____ Phone Number: _____

Department: _____ Email: _____

I am requesting approval for the following program:

☐ Virta - Type 2 diabetes reversal program offered to UA employees on the UA BCBS health plan.

Program start date: _____

☐ Livongo - Diabetes management program offered to UA employees on the BCBS health plan.

Program start date: _____

☐ Self-created **MoveSpring challenge (You must create a challenge within the MoveSpring app)**

◦ minimum of 21 days in length and an average of 8,000 steps per day for the length of the challenge)

◦ challenge start date: _____ Length of challenge (enter number of days): _____

◦ challenge end date: _____ Total number of steps achieved: _____

☐ UMC Diabetes Management Program

☐ UMC Self-Monitoring Blood Pressure program

☐ Blue Cross Blue Shield Baby Yourself

☐ Weight Watchers at Work®

☐ Other University sponsored or community-based health and wellness program:

Program Name: _____

Program Administrator: _____ Email: _____

Program Start Date: _____ End Date: _____

- Submitted this Self-Report Form does not automatically grant approval in the completion of a WellBAMA Qualifying Program. Each form is individually reviewed and approved by Wellness and Work-Life.
- Wellness and Work-Life reserves the right to deny or request further information on any submitted Self-Report Form.
- All Self-Report Forms MUST include a program certificate of completion or other documentation that verifies participation and the program requirements were fulfilled.
- The Self-Report Form must be submitted to Wellness and Work-Life office before the 2024 Reward deadline of December 1.

By signing here, I confirm that the information I have provided is correct and honorable. Wellness and Work-Life reserves the right to deny any self-reported form. I understand that all submitted self-report forms do not automatically grant approval in the completion of a WellBAMA Qualifying Program.

Signature: _____ Date: _____

Fax, email, or mail the completed form and accompanying documentation to Wellness and Work-Life for review. You will be notified if your submission is approved.