



# 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: \_\_\_\_\_

Lark - Diabetes Prevention, Diabetes Care, and Hypertension Care offered to UA employees on the UA BCBS plan.

Program start date: \_\_\_\_\_

**MoveSpring Monthly Step Goal challenge (You must begin your challenge using the MoveSpring app)**

- o Set your monthly step goal at the beginning of a month. Your step goal may not be changed after the 10th of the month.
- o List the month that your step goal challenge started: \_\_\_\_\_ You must successfully reach your goal for the month indicated in order to receive program credit. Participation will be verified by program administrator.

Blue Cross Blue Shield Baby Yourself (Provide enrollment letter provided by your provider)

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.**