



## 2022-23 Platinum level form

**Form due by 12/1/22**

I, \_\_\_\_\_ certify that I will be trying to attain the Platinum level of 900 points for \$375.00 for the 22-23 wellness year. I understand the requirements for this program which include:

1. This signed contract due by **12/1/22**
2. An annual physical or adult well exam
3. Participation in workplace biometric screening
4. LCIC Health courses-must attend 1 course. Course subjects vary throughout the year in person or via zoom. Courses can be 60-90 minutes long.
5. One of the following healthy options:
  - A. Meet 3 of 4 benchmarks at your biometric screening
  - B. Improvement of biometric screening numbers from fall at another free screening/physician visit
  - C. Health coaching sessions with Carmen (minimum of 5 sessions required)

School District/College \_\_\_\_\_

Date of Birth \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature of Participant \_\_\_\_\_

(Electronic Signatures accepted)

Date \_\_\_\_\_

If at any time you feel you will not meet the requirements of the platinum level, you will be moved down to the next level that you attain for points.

**Email or fax this form to [cterry@iu17.org](mailto:cterry@iu17.org) or 570-320-1348**