



WellPath Orientation Verification Form

I completed the WellPath Orientation and I understand the following:

- The *ABC's of Participation* include completion of this orientation, *Know Your Numbers* (KYN) and the confidential, *Personal Wellness Assessment* (PWA) at www.myameriben.com.
- I must complete the *ABC's of Participation* in order to redeem any WellPath Points for incentives.
- The *ABC's of Participation* must be completed between Jan 1 and March 31 of every year.
- WellPath Points expire in 15 months.
- My personal health information will not be given to WellPath in a way that makes me individually identifiable.
- At no time will my participation in WellPath be dependent upon me divulging my personal health information. Discussing my personal health information with a health coach is solely at my discretion.
- The incentives for WellPath Point redemption vary based on my employer and I should review my employer's incentive matrix at www.wellpath.info

Employee ID

Name

Date

Please return this form via the Activity Reporting Page of www.wellpath.info, by email to: wellness@srpmic-nsn.gov, fax to: (480)362-5854, or mail or Interoffice mail to: WellPath Human Resources, Two Waters , 10005 East Osborn Road, Scottsdale, AZ 85256.