



Personal Choice Activity Form

The Personal Choice wellness credit is to reward you for incorporating regular physical exercise into your lifestyle. By participating in the group activity of your choice, you and your spouse/domestic partner can each earn \$25 in wellness credits, up to two times for \$50 each per plan year.

To receive credit for your activity, complete the information below, and then submit by e-mail to WellnessCredits@cvtrust.org, OR fax to CVT at (559) 437-2965, OR mail to the address listed below. Allow four weeks for your credits to post on your account summary. Incomplete forms cannot be processed and will be returned.

Complete the information below.

Name: \_\_\_\_\_

Insurance ID number (Found on your ID card): \_\_\_\_\_

School District: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please check the activities you currently do, or have done in this plan year. You can earn wellness credits for two activities per plan year.

- Weekly gym attendance Gym name: Location:
Regular exercise with friend Activity and frequency:
Exercise class Class name: Location:
Marathon / City Walk Event name: Date:
Recreational sports team Activity and frequency: Location:
Other

Please read this statement and check the box below.

By making this entry I am declaring that I have met the requirements of this activity and I attest that to the best of my ability I am making a truthful submission of information. I also acknowledge that I may be asked to confirm such information. Information that cannot be confirmed or that is intentionally submitted in error can result in a demand to return any reward granted to me.

Check here to confirm that you have read the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_