

SCHOOLCARE

HEALTH BENEFIT PLANS
of the NEW HAMPSHIRE SCHOOL HEALTH CARE COALITION

Keeping Fit Self-Paced Program *Participation Agreement*

To be completed and returned to SCHOOLCARE prior to starting your program.

SCHOOLCARE's Keeping Fit Self-Paced Program is designed for individuals who agree to engage in exercise or physical activity for a specified period of time. As a self-paced program, participants are required to track their progress on their own log sheets. By signing this agreement, participants acknowledge that they are responsible for accurately representing their exercise, or periods of physical activity.

I, (print name) _____ agree to follow SCHOOLCARE's Guidelines for Participation in the Keeping Fit Self-Paced Program. I will accurately record my workouts on the log sheets and submit them monthly in order to receive \$125 every six months.

Signed: _____ Date: _____

SCHOOLCARE ID: U _____
(ID is located on your SCHOOLCARE/CIGNA health insurance card)

Upon completing your Health Assessment at www.mycigna.com, return this signed agreement to:

SCHOOLCARE
Health Promotions Dept.
9 South Spring St.
Concord, NH 03301

FAX: 603-782-4079
keepingfit@schoolcare.org