



St. Luke's University Health Network

Caring
starts with you

2020 Caring Starts with You Healthy Living Activity Form

Many Healthy Living Activities will automatically load into your *Caring Starts With You* Portal account (CSA, dental visit, flu shot, etc.) **Check your portal to see what you may already have credit for.**

Submit a Healthy Living Activity form for a **maximum of 2** Healthy Living Activities from page 2 of this form.

- This form must be received NO LATER than **August 31, 2020.**
- **Send Healthy Living Activity forms to Geisinger Health & Wellness.**

Email: ghp_wellness_staff@thehealthplan.com

Fax: (570) 214-7742

For questions about Healthy Living Activities,
please contact EmployeeWellness@SLUHN.ORG or 484-526-2284.



Name: _____

Email: _____

Phone: _____ DOB: _____



Healthy Living Activity Options

- ☐ 1) Gym Membership – **submit proof of current** gym membership with this form

Gym name: _____

Member since: _____

- ☐ 2) Physical Activity Event (Tail on the Trail challenge OR log 90 Tail on the Trail miles, 5k walk or run, half marathon, etc.) – **submit this form with proof of completion**, i.e. registration, bib, Tail on the Trail screen shot showing miles, etc.

Event completed: _____

Date of event/details: _____

- ☐ 3) Volunteer Activity

Organizer's Name/Company: _____

Date of Activity: _____

Brief description of activity completed:

Volunteer Contact Name _____

Volunteer Contact Phone Number: _____

Volunteer Contact Signature: _____

Hours Volunteered: _____ (One hour minimum required)

- ☐ 4) Blood Donation – **Submit proof of Donation** with this form

Donation Date: _____

- ☐ 5) SilverCloud Program Completion –Provide SilverCloud Completion Code from your Supporter: _____

- ☐ 6) Weight Watchers – **submit proof of membership** with this form

- ☐ 7) OTHER (optional): _____

Signature: _____ Date: _____