



**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 ***September 15, 2020.***
- ***Send Healthy Living Activity forms to Geisinger Health & Wellness.***

*Upload: Use the upload feature in the Healthy Living Activity section of your Caring Starts with You portal*

*Email: [ghp\\_wellness\\_staff@thehealthplan.com](mailto:ghp_wellness_staff@thehealthplan.com)*

*Fax: (570) 214-7742*

**For questions about Healthy Living Activities,  
please contact [EmployeeWellness@SLUHN.ORG](mailto:EmployeeWellness@SLUHN.ORG) or 267-857-2975.**



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/payment** with this form

- 7) St. Luke's Weight Management Center – Provide Verification and Signature from Staff:

\_\_\_\_\_

- 8) OTHER (optional): \_\_\_\_\_

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