



2045-25 Platinum level form

Form due by 12/1/24

I, _____ certify that I will be trying to attain the Platinum level of 900 points for \$375.00 for the 24-25 wellness year. I understand the requirements for this program which include:

1. This signed contract due by **12/1/24**
2. An annual physical or adult well exam
3. Participation in workplace biometric screening
4. Complete 1 LCIC Health courses or complete a personal pathway in the health advocate app or site. Course subjects vary throughout the year in person or via zoom.
5. Meet one of the following healthy options:
 - A. Meet 3 of 4 benchmarks at your biometric screening
 - B. Improvement of biometric screening numbers from fall at another free screening/physician visit
 - C. Health coaching sessions with Carmen (minimum of 5 sessions required)

School District/College _____

Date of Birth _____

Zip Code _____

Signature of Participant _____

(Electronic Signatures accepted)

Date _____

If at any time you feel you will not meet the requirements of the platinum level, you will be moved down to the next level that you attain for points.

Email or fax this form to cterry@iu17.org or 570-320-1348