



YMCA EMPLOYEE BENEFITS

A nonprofit benefit Plan exclusively serving YMCAs since 1970.

ATTESTATION FORM

LIVESTRONG® at the YMCA

Cancer is a life-changing disease that takes a tremendous physical and emotional toll on those affected. The Y and LIVESTRONG have joined together to create LIVESTRONG at the YMCA, a research-based physical activity and well-being program designed to help adult cancer survivors reclaim their total health.

To learn more about the program, visit ymca.org/what-we-do/healthy-living/fitness/livestrong.

YMCA Employee Benefits is proud to show its support for this program by offering a \$100 gift card to our medical plan members who participate.

To earn this incentive, you must be an eligible YMCA Employee Benefits medical plan member at the time requirements are completed. Eligible plan members include employees, spouses/domestic partners, retirees, and COBRA participants.

SUBMIT THIS FORM to certify you have completed the requirements below.

INCENTIVE REQUIREMENTS

By signing below, I certify that:

I am currently enrolled in a YMCA Employee Benefits medical plan as either a YMCA employee, retiree, or COBRA participant, or a spouse or domestic partner of such*

I have completed the full 12 weeks of the LIVESTRONG at the YMCA program

*Member must continue to be enrolled in a YMCA Employee Benefits medical plan throughout the time it takes for this incentive to be processed, which takes an average of 45-60 days from the date this form is received.

SIGNATURE

By signing this form, I certify that the information provided is true, complete, and correct.

Your Name: _____ Date of Most Recent Session: _____

Your YMCA's Corporate Association Name or Number: _____

Your Signature: _____ Today's Date: _____

Your Program Manager or Instructor's Signature: _____ Today's Date: _____

Privacy Notice: The information on this form will not be shared with anyone at your YMCA.

For a full Privacy Notice, visit <https://ybenefits.org/files/post/medical/files/wellnessworks/WW-PrivacyStatement.pdf>

**This form must be signed by you and your LIVESTRONG Program Manager or Instructor.
Once complete, please email to EmployeeBenefits@ymca.net.**