



2017 Live Healthy America Administrator Form

Thank you for your request to start a Live Healthy challenge within your business, community or organization! In order for Live Healthy to complete the setup of your group, please complete the following form and return to info@livehealthyamerica.com. For questions, please contact Live Healthy America.

Administrator Contact Information:

Company/Organization: _____ Eligible Population: _____

Name: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Multi State: ___ YES ___ NO

Administrator access will be given to the individual listed above unless otherwise directed.

Challenge Options & Payment Method:

Select which challenges you would like to participate in (check all that apply) and choose how you plan to pay for enrollment.

___ **10 Week Challenge**- January 23- March 31, 2017 (\$24 per participant- includes t-shirt and magazine subscription)

Payment Method:

___ Company pays entire fee

___ Company pays \$___ of fee and participants pay the remaining amount

___ Participants pay entire fee

___ **Activ8 Challenge**- June 5- July 28, 2017 (\$12 per participant)

Payment Method:

___ Company pays entire fee

___ Company pays \$___ of fee and participants pay the remaining amount

___ Participants pay entire fee

___ **Step 2 It Challenge**- October 2- November 10, 2017 (\$20 per participant- includes pedometer)

Payment Method:

___ Company pays entire fee

___ Company pays \$___ of fee and participants pay the remaining amount

___ Participants pay entire fee

**Program incentives will be shipped in bulk to the designated team captain.*

Captain's Challenges are included with each of the Live Healthy America national challenges above. Captain's Challenges are weekly mini challenges that are sent to team captains as an optional activity to participate in with their team members. One winning team across the entire challenge will be selected each week and sent prizes.

If multiple challenges are selected above, the options indicated below will be applied to each challenge selected.

Eligibility File: (Optional) Would you like to have an eligibility file uploaded to verify participants are employees? Eligibility file must include at least first name, last name and email address. LHA will send template for file format.

Yes No

Department/Location List: (Optional) Would you like to break down your teams by department or location? If so, please send a list and Live Healthy will program it into your site.

Yes No

Logo: (Optional) Would you like to add your organization's logo to the Live Healthy marketing materials?

Logo attached No logo

Marketing Materials & Communication: Live Healthy will provide you with template PDF marketing materials to help promote the challenge, personalized with your organization's Group ID. Marketing Materials include: Coming Soon Poster, Poster and Registration Flyer. Live Healthy will send weekly communications to all registered participants throughout the duration of the challenge including: E-Newsletters, Recording Reminders and Captain's Challenges.

Statement of Agreement: The undersigned acknowledges that _____ (Organization) will participate in the Live Healthy challenges selected above. Cancellation of a challenge after the administrator form is signed will result in a \$250 fee. This fee will also apply if there are no participants registered for the selected challenges.

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only:

Assigned Group ID: _____

Date Materials Sent: _____