



2019-2020 CVT Wellness PPO Plan with Blue Shield of California
Personal Choice Activity Form

The Personal Choice wellness credit is to reward you for incorporating regular physical exercise into your lifestyle. By participating in the group activity of our choice, you and your spouse/domestic partner can each earn \$50 in wellness credits, up to two times for \$100 per plan year.

To receive credit for your activity, complete the information below, and then submit by e-mail to WellnessCredits@cvtrust.org, OR fax to CVT at (559) 437-2965, OR mail to the address listed below. Allow four weeks for your credits to post on your account summary. Incomplete forms cannot be processed and will be returned. Complete the information below.

Name: _____

Insurance ID number (Found on your ID card): _____

School District: _____

E-mail address: _____

Phone number: _____

Please check the activities you currently do, or have done in this plan year. You can earn wellness credits for two activities per plan year.

- Weekly gym attendance Gym name: _____ Location: _____
Regular exercise with friend Activity and Frequency: _____
Exercise Class Class name: _____ Location: _____
Marathon/City Walk Event name: _____ Date: _____
Recreational sports team Activity and Frequency: _____ Location: _____
Other _____

Please read this statement and sign below to confirm.

By making this entry, I am declaring that I have met the requirements of this activity and I attest that to that best of my ability I am making a truthful submission of information. I also acknowledge that I may be asked to confirm such information. Information that cannot be confirmed or that is submitted in error can result in a demand to return any reward given to me.

Signature: _____ Date: _____

520 E. Herndon Avenue | Fresno, CA | P: 559-437-2960 | F: 559-437-2965 | 800-CVT-9870 | cvtrust.org