



Wellness Program Enrollment/Change Form

I choose to enroll my company in the CBIA Healthy Connections wellness program.

(Note that enrollment must coincide with your company's renewal date and may be elected up to 90 days after.)

Company Name: _____ Group No. _____

Research shows that wellness initiatives are most successful when there is senior management support. Please consider making yourself your company's Wellness Champion.

New Wellness Champion Change Wellness Champion

I hereby authorize the individual named below to serve as the Wellness Champion for my company's group insurance.

Please print clearly

Name: _____ Title: _____

E-mail: _____ Phone: _____

I understand that failure to maintain an active Wellness Champion may result in the termination of my company's participation in the CBIA Healthy Connections wellness program.

I understand the Wellness Champion will be able to:

- Access the online Wellness Champion Center
- View wellness related training materials
- Update employee e-mail addresses (to facilitate wellness related outreach to employees)
- View aggregate wellness activity for my company (e.g. percentage of employees participating)
- Earn raffle entries by completing activities and achieving milestones (e.g. viewing wellness related training videos, achieving target percentages for employee completion of Health Assessments)

Officer of the company/Owner

Please print clearly

Name: _____ Title: _____

E-mail: _____ Phone: _____

Signature: _____ Date: _____

Fax completed form to (860) 278-0883 or mail to:

**Insurance Operations
CBIA
350 Church Street
Hartford, CT 06103**