



4 South Eagleville Road  
Mansfield, CT 06268



## **Town of Tolland Employee Be Well Rewards Fitness Action Steps Verification Form**

**This form is to verify my participation in off-site fitness activities for the 2025-2026 Be Well Rewards Program.**

**A NEW FORM MUST BE COMPLETED FOR EACH QUARTER OF PARTICIPATION!**

**I understand my participation in this program is completely voluntary and will be completed during non-work hours.**

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**I have registered for the following fitness class: \_\_\_\_\_ (ie. Zumba, yoga or other)  
This class meets a minimum of one time per week for at least 4 weeks.**

**This class is offered though (name of facility or location): \_\_\_\_\_**

**Dates of class: \_\_\_\_\_**

**OR:**

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**I have joined the \_\_\_\_\_ fitness facility/club for one  
at least one month. I will utilize the facility/club for fitness purposes a minimum of 10  
times each calendar month. Month of participation: \_\_\_\_\_**

**OR:**

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**I will track my steps and email a record to Be Well on a Monthly or Quarterly basis.**

**I understand the qualification of this fitness program verification is contingent upon my full participation. Accordingly, it is my intention to fully participate as indicated above. I further understand that Be Well may contact the facility to verify my participation.**

**Employee (or Spouse) Name (print) \_\_\_\_\_**

**Employee (or Spouse) Signature \_\_\_\_\_ Date \_\_\_\_\_**

**July 2025**

**Return this form to Be Well by any of the following:**

**FAX: 860-429-3321 scan & email: be\_well@ehhd.org Mail: 4 South Eagleville Rd, Mansfield, CT 06268**

**2025-2026**