

fitbit Pedometer and Walking Program Authorization and Purchase Form



I, _____, _____, _____
(name) (employee #), (Co.)

want to participate in the Healthy Directions fitbit Pedometer and Walking Program.

I understand that the Human Resources Department will be able to see my step count in order to provide the wellness discount, should I meet the requirements set forth in the program.

I authorize the Payroll Department to take a onetime deduction to pay for my pedometer(s) ordered. The deduction will come out of the next available payroll cycle.

I understand that I am responsible for the maintenance and care of that pedometer, and if I lose or break it, I am responsible for purchasing an additional pedometer in order to continue participation in the fitbit Pedometer and Walking Program for the quarter.

I want to order :

- 1 “Zip” pedometer for \$10
- ____ additional “Zip” pedometers @ \$45 each
- 1 fitbit “One” pedometer for \$40
- ____ additional fitbit “One” @ \$75 each



Zip



One

.....
_____ total amount to be deducted from my pay.

Email address to be used on fitbit program

Signature

Date

Please return this form to 2061-H or mail to:
'fitbit' 145 Hunter Drive, Wilmington, OH 45177
Questions: Call Beth @ 937-366-2157