

# 2019 ATSG FitBit Activity Tracker Program Authorization & Purchase Form

PRINT NAME \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Employee #) (Company) (email)

I would like to participate in the *Healthy Directions* FitBit Program. I understand Human Resources will receive my step counts upon my registration in the Corporate FitBit Program. I understand that I must meet an average of 6000 steps daily in order to receive the quarterly wellness discount on my health insurance premium. Wellness discounts are applied to the following quarter.

**Check box below for purchase:**

First time buyers are eligible for the “1<sup>st</sup> buy” discount. Replacement or additional FitBits can be purchased at the slightly higher replacement cost.

<u>Model</u>	<u>First FitBit Purchase</u>	<u>Additional Purchases</u>
<input type="checkbox"/> FitBit Inspire	<input type="checkbox"/> \$40.50	<input type="checkbox"/> \$58.00
<input type="checkbox"/> FitBit Charge3	<input type="checkbox"/> \$90.00	<input type="checkbox"/> \$124.00
<input type="checkbox"/> FitBit Inspire Clip	<input type="checkbox"/> 16.00	<input type="checkbox"/> 16.00

Total Authorized Payroll Deduction: \$ \_\_\_\_\_ (total cost of all selections above)

Payroll deduction option: \_\_\_\_\_ (1) pay or \_\_\_\_\_ split into (2) pays (max)

Outbased Employees Only:

I would like my FitBit mailed to me

By signing below I authorize the above payroll deductions for the cost of my Fitbit.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



**INSPIRE Swim Proof with Sleep Stages**

All day activity tracking, swim proof, swim tracking, sleep tracking, automatic exercise recognition and more



**CHARGE 3 Swim Proof with Heart Rate and Sleep Stages**

24/7 heart rate monitoring, swim proof, sleep tracking, exercise recognition, cardio fitness level, floors climbed

Please return all FitBit forms to [ABX.Benefits@abx.com](mailto:ABX.Benefits@abx.com) or to your Human Resource Representative