

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 “1st 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: ____ / ____ / ____



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 or to your Human Resource Representative