



Complete Health Improvement Program (CHIP)
**ThedaCare Participant Funding and
Payroll Deduction Authorization Form**

No payment is due upon registration for CHIP providing the criteria listed below are met. Send completed form via interoffice mail or Fax to: **Sue Houle, ThedaCare Lifestyle Medicine, 1602 N Meade Street, Appleton, WI. 54911, or fax to Sue at (920)560-5297.** Funding is limited and based on availability. Upon review by HealthWorks management, you will be notified via e-mail if you are approved for funding. Once approved, you will be automatically registered for the preferred program dates you have listed below.

I plan to attend the CHIP class that begins on: _____

Name: _____ Birth Date: _____ Email: _____

Employee Work Location: _____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Signature: _____

Name (Spouse/Domestic Partner of benefits eligible employee): _____ Birth Date: _____

ThedaCare Participant Criteria to be met:

- I am a benefits eligible employee (at least .47) or spouse/domestic partner of a benefits eligible employee.
- I understand that completing the CHIP screening may count for my HAT; however I will need to schedule an appointment and meet with a Health Coach during my birthday month to review my health improvement goals.
- I understand that I must attend all sessions or make up a missed session(s) based on facilitator directions.
- No payment is due upon registration. However, if employee/spouse/domestic partner fails to complete the class the cost of the session will be deducted from payroll over the course of five pay periods.

For HealthWorks Use Only

Funding is available Funding is not available

HealthWorks approval: _____ Date: _____

For Facilitator Use Only

The individual above did not complete the 18-session CHIP program that began on:
_____ (program start date).

Facilitator signature: _____ Date: _____

For Payroll Use Only

Employee did not complete course. Deduct _____ per check per five pay periods.