



Short-Term Limited Participation Form

Dear Member:

Virgin Pulse, Inc. has provided this Short-Term Limited Participation Form to provide you with an alternative way to continue to earn HealthMiles in the event that you have or are affected by a short-term condition (e.g., a minor injury, pregnancy, etc.) that makes it unreasonably difficult or inadvisable for you to participate in the HealthMiles Program (a "**Condition**"). Your Sponsor's (e.g., your employer, health club, etc.) benefits policy may allow you to continue to earn HealthMiles during the limited period that you are affected by such a Condition.

To continue to earn HealthMiles during the limited period of time that you are affected by such a Condition, please complete this Short-Term Limited Participation Form and return it to the Virgin Pulse Contact Center at the address or fax number indicated below.

Virgin Pulse Member Name: _____

Date of Birth: _____

Sponsor Name: _____

Condition Start Date: _____ **Condition End Date:** _____

Please note: You may request Limited Participation for **up to 60 days**. If you would like to extend your participation past 60 days, you will need to submit a new and separate request. Requests must include an end date in order to be processed.

By signing this Short-Term Limited Participation Form, the Member identified above hereby certifies, acknowledges and agrees that he/she:

- (1) Certifies that he/she has a temporary condition that limits his/her ability to participate in physical activity and understands that conditions lasting longer than 60 days will require certification by his/her medical provider.
- (2) Expressly authorizes Virgin HealthMiles to disclose certain details of his/her personally identifiable information (i.e., name and date of birth) to their Sponsor for the sole and limited purpose of facilitating such Sponsor's management and administration of their applicable benefits program and/or policies, unless and until such time as this authorization is expressly revoked in writing by such Member or his/her authorized representative;
- (3) Understands and acknowledges that he/she will be: (a) responsible for manually entering his/her physical activity in the LifeZone portal and based on such entered physical activity will be eligible to earn up to a maximum of one hundred (100) HealthMiles per day; and (b) able to continue to earn the standard amount of HealthMiles related to any biometric measurements, such as through the HealthZone, if made available by the Sponsor and as further defined by such Sponsor's existing policies or HealthMiles Program; and
- (4) Understands that this Short-Term Limited Participation Form is not to be used for long-term or chronic disabilities that limit your participation in the HealthMiles Program, or if you have a medical condition that makes it unreasonably difficult (or medically inadvisable to attempt) to achieve a standard for earning HealthMiles; and, if a Member is affected by such a disability, he/she should contact the Virgin Pulse Contact Center to request a long term reasonable alternative form, which will require verification from a medical provider.

Signed: _____

Dated: _____

Return Completed Form To: Virgin Pulse Contact Center
Secure Fax: 1-888-501-6442
Mail: Virgin Pulse, P.O. Box 7026, Beverly, MA. 01905
Email: support@virginpulse.com