

# Andrews University Wellness Commitment Form Plan Year 2010/2011

Name: \_\_\_\_\_ AU ID#: \_\_\_\_\_

If you are not the primary insured, please state the name of employee who is the primary insured on the Andrews University health insurance plan.

Employee's Name: \_\_\_\_\_ AU ID#: \_\_\_\_\_

**I commit to maintaining my good health and/or improving my overall health in the following ways:**  
(e.g. Eat more fruits and vegetables, regular exercise, lose weight, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign, and submit to the Employee Benefits Office at Human Resources or scan the completed and signed form to [benefits@andrews.edu](mailto:benefits@andrews.edu) .