



University of Minnesota Wellbeing Program Bike Commuter Program

PARTICIPANT'S INFORMATION (Please Print)

First & Last Name (as shown on Medica card): _____

UMN Employee ID Number (7 digits): _____ Date of Birth (MM/DD/YYYY): _____

Participant's Status: Employee Spouse

Phone Number: _____

UMN Email Address: _____

BIKE COMMUTER PROGRAM INFORMATION & INSTRUCTIONS

Earn 2 points per day up to 125 rides (250 points total) between September 1, 2019, and August 31, 2020 towards the Wellbeing Program. The completed, signed, and dated form must be submitted no later than August 31, 2020.

Send a scanned copy via email to Steve Sanders in Parking and Transportation at sande017@umn.edu with the subject as: "Completed Bike Commuter Form." You can expect to receive your points approximately 4-6 weeks from the date this form is received.

COMMUTER DATES (MM/DD/YY)

1		19		37		55		73		91		109	
2		20		38		56		74		92		110	
3		21		39		57		75		93		111	
4		22		40		58		76		94		112	
5		23		41		59		77		95		113	
6		24		42		60		78		96		114	
7		25		43		61		79		97		115	
8		26		44		62		80		98		116	
9		27		45		63		81		99		117	
10		28		46		64		82		100		118	
11		29		47		65		83		101		119	
12		30		48		66		84		102		120	
13		31		49		67		85		103		121	
14		32		50		68		86		104		122	
15		33		51		69		87		105		123	
16		34		52		70		88		106		124	
17		35		53		71		89		107		125	
18		36		54		72		90		108			

Participant's Signature: _____

Date (MM/DD/YY): _____