

**PARTICIPANT'S INFORMATION (Please Print)**

Preferred First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Select one of the following: UPlan Covered **Employee**  UPlan Covered **Spouse**

UPlan Employee ID Number (7 digits): \_\_\_\_\_

Phone Number: \_\_\_\_\_

UMN Employee Email Address: \_\_\_\_\_

**BIKE COMMUTER PROGRAM INFORMATION & INSTRUCTIONS**

Earn 2 points per day up to 125 rides (250 points total) between September 1, 2020, and August 31, 2021 towards the Wellbeing Program. The completed, signed, and dated form must be submitted no later than August 31, 2021.

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 3-6 weeks from the date this form is received.

**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/YYYY): \_\_\_\_\_