



Reimbursement for Prize Form

Name: _____ (print)

I currently have _____ incentive points and I would like to transfer _____ incentives points earned for the following requested incentive prize:

_____ valued at _____.

Current incentive points earned: _____

Incentive Prize Value: _____

Balance of remaining incentive points: _____

Signature of Employee

Date

I verify the above request for incentive prize and incentive points earned by this STARS EMPLOYEE.

Signature of Health Coach

Date

Employee has met the requirements of the plan for 2021: Yes No