 

**SHARE YOUR LIVE WELL STORY!**

Do you have a success story you want to share around weight loss, healthy eating, fitness, resilience, community giving or any other wellbeing improvement success you've made as a result of participating in the Live Well program?

We'd love to hear from you! Please fill out this form and email to: LiveWell@assurant.com.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testimonial Statement:

May we contact you to talk more about this experience? [ ]  Yes [ ]  No

Authorization:

[ ]  I authorize Assurant to use this testimonial information in internal employee communication.

[ ]  I authorize Assurant to use this testimonial information in internal employee communication without my name.