

Strive Program Request Form



Section 1 – Company/Organization Information

____/____/____
Date of Request

Company Name

Primary Contact Name

(____) ____-____
Contact Phone Number

Contact E-mail Address

Section 2 – Program Information

Select your desired Strive Rewards Program:

- Strive Starter
- Strive Advanced
- Strive Premier
- Strive All-Star

Type and Amount of Reward Your Employees Can Earn

Will your organization be conducting Strive Challenges? Yes No N/A

Name of Your Rewards Program (for platform personalization)

____/____/____
Start Date of Your Program

____/____/____
End Date of Your Program

____/____/____
Reward Program Visibility Date

Start/end dates of your program are the timeframe in which points can be earned.

If program visibility dates are not otherwise set, use your program start and end dates.

Please return this completed form to: groupwellnessprogramsupport@bcbsks.com