



MEMBERSHIP APPLICATION

I, _____ print employee name _____, commit to making healthy choices and changes as a member of Healthy@Hopkins Rewards Program.

I promise to take advantage of courses, seminars and activities offered by my Johns Hopkins employer (through Wellnet, Asset Health or other community associations) to maintain a healthy lifestyle.

I take responsibility for making wise health care choices, such as voluntarily obtaining an annual physical, keeping up-to-date with preventative screenings and tests and following any prescribed medicine regimen.

I realize it is also important to involve my family in healthier lifestyle choices by doing activities with them that increase the benefit of our time spent together.

I commit to taking better care of myself, which will not only benefit me, but also my family, patients, customers and co-workers.

I understand I am committing to change the culture of Johns Hopkins, known to be the best in research, education and patient care, to also being the best and healthiest place for people to work.

Employee Signature

Date

Your employer:

- Johns Hopkins Health System Corporation/The Johns Hopkins Hospital
- Johns Hopkins Bayview Medical Center

Welcome to the Healthy Rewards Program! Return your signed commitment form to:

**Johns Hopkins Health System Corporation/
The Johns Hopkins Hospital employees:**

Phipps Building, 4th floor
HR/Benefits Service Center
Hours: 7am-5pm
HRBenefits@jhmi.edu

Wellnet Office, Room 409
Hours 8am-5pm
wellnet@jhmi.edu

**Johns Hopkins Bayview Medical Center
employees:**

ASC Building, Ground Floor
Benefits Office, Room 258
Hours: 8am-5pm
bayviewbenefits@jhmi.edu

Mason F. Lord Building, Center Tower
Wellnet/Fitness Center, Suite 2100
Hours: 6am-8pm M-Th; 6am-7pm F
bayviewwellnet@jhmi.edu