

Lifetime Benefit Solutions Best Friends for Fitness Enrollment Form



Client/Account Information

Company Name

Number of Office Locations

HR Representative or Contact Person

Street Address

Street Address Line 2

City

State

Zip code

E-mail Address

Phone Number

App Information

Company Name to be Displayed on App (if different from company name, i.e. abbreviated)

Company Name to be Displayed on App (if second location)

Company Name to be Displayed on App (if third location)

If your office has more than three locations, please email your account representative with additional locations.

Location Contact Name

Additional Contact Name (optional)

Additional Contact Location (optional)

Does Contact Require Access to Portal? (optional)

Yes

No

Additional Contact Name (optional)

Additional Contact Location (optional)

Does Additional Contact Require Access to Portal? (optional)

Yes

No

Additional Contact Name (optional)

Additional Contact Location (optional)

Does Additional Contact Require Access to Portal? (optional)

Yes

No

Effective Date of Challenge (optional)

End Date of Challenge (optional)

Is the company making a donation
if goals are met?

Yes

No

If yes, how much?

Attach a company logo