

Kapnick Strive®
LIVONGO WHOLE-PERSON
Reasonable Alternative Standard Form

Participants enrolled in the Livongo Whole-Person program must complete this form as their form of Reasonable Alternative Standard (RAS) program with Kapnick Strive.

Participant instructions: Complete this form and email to Strive@kapnick.com	Start date of Program (mm/dd/yyyy)
Participant Last Name	Participant First Name
Daytime Telephone Number	Date of Birth (mm/dd/yyyy)
Employer Name	Participant email address
Coach/Professional Name:	
<p>I acknowledge that I have participated in the approved programs for a minimum of 6 weeks. I would like to use this as my Reasonable Alternative Standard requirement for Kapnick Strive.</p> <p>Participant Signature: _____</p> <p>Date: _____</p>	