



Dear Healthcare Provider,

The Trane Technologies Wellness Program encourages and rewards employees and their spouses for taking steps to improve their health and well-being.

Our employee (and/or spouse) needs your assistance with the following Reasonable Alternative form for an activity which may not be advisable or reasonable for them due to health reasons. In that case, we allow them to earn credit by engaging with you to develop a different activity that is reasonable, given your patient's health and health condition.

Please review the form, complete section 3 and return to the patient, who will return their completed form to Welltok, our third-party health management partner.

If you have questions, please talk with your patient or contact Welltok at 844-749-9926.

REQUEST FOR A REASONABLE ALTERNATIVE

Instructions: Participant complete Section 1 and 2. Healthcare provider complete Section 3. Participant submit the completed form to Welltok following instructions in Section 4 and keep a copy for your records.

SECTION 1: PARTICIPANT INFORMATION

In order to receive credit for the requested activity, this form must be completed and submitted before the final day of the quarter for which you are requesting credit.

By signing and returning this form, you agree that the information provided by you and your healthcare provider is true and complete to the best of your knowledge and that you agree to work with your Healthcare Provider on the alternative health goals established.

PLEASE PRINT CLEARLY. UNREADABLE OR INCOMPLETE FORMS CANNOT BE PROCESSED.

_____	__ Employee __ Spouse	<u>Trane Technologies</u>
Participant Full Name (Last, First, Middle Initial)	Relationship to Employee	Employer
____/____/____	_____	(____)____-_____
Participant Date of Birth (MM/DD/YYYY)	Employee Number	Participant Daytime Phone Number
X _____	_____	_____
Participant Signature		Date Signed

SECTION 2: HEALTH GOALS

Mark one or more of the activities listed which you are unable to meet. Ask your healthcare provider to work with you on alternative wellness goals.

<input type="checkbox"/> Biometric Screening					
Track Your Physical Activity - Goal of 20 Active Days per Month (1 Active Day = 6500 steps or 30 minutes):					
<input type="checkbox"/> October 2020	<input type="checkbox"/> November 2020	<input type="checkbox"/> December 2020	<input type="checkbox"/> January 2021	<input type="checkbox"/> February 2021	<input type="checkbox"/> March 2021
<input type="checkbox"/> April 2021	<input type="checkbox"/> May 2021	<input type="checkbox"/> June 2021	<input type="checkbox"/> July 2021	<input type="checkbox"/> August 2021	<input type="checkbox"/> Sept 2021

SECTION 3: HEALTHCARE PROVIDER AUTHORIZATION

The wellness program offered through Trane Technologies is not intended to treat, diagnose, or replace patient's healthcare provider, but rather to encourage employees and their spouses to take an active role in learning about and managing their healthcare risks. I am aware of my patient's medical history and current health status. I have reviewed the requested activities, discussed appropriate alternatives my with patient and plan to monitor my patient's progress working toward these goals.

_____	(____)____-_____	_____
Healthcare Provider Name (PRINT)	Office Phone Number	NPI
X _____	_____	_____
Healthcare Provider Signature		Date Signed

SECTION 4: SUBMISSION INSTRUCTIONS

Participant: Submit your completed form via email to TraneTechRAform@cafewell.com. You will receive a response email confirming your successful submission. Allow 7 to 10 business days for your completed form to be processed and your results to be posted on www.tranetechnologiesbewell.com. NOTE: Security measures available through email services can vary. You are encouraged to check with your email provider about security protections available before sending your form.

Questions? Contact Welltok at 844-749-9926.

For Welltok Use Only: Override activity marked for participant.