faces of wellness

Program and eligibility

PURPOSE

Alberta Blue Cross[®] is celebrating Albertans who are living their best life. We're looking to recognize Albertans who are everyday champions for wellness in their communities. Whether that's making positive lifestyle changes toward becoming healthier, promoting a health-related cause, making the most of life while living with a chronic condition, standing up for mental health, or being a role model for others, Alberta Blue Cross[®] wants to recognize individuals who are taking steps toward living healthier lives through the Faces of Wellness awards program.

WHO IS ELIGIBLE?

The Faces of Wellness awards are open to legal residents of Alberta who are at least 18 years of age at the time of entry and submit, or someone else submits on their behalf, a story about their personal wellness journey.

WHO IS INELIGIBLE?

Employees of Alberta Blue Cross and their respective advertising, promotional or travel agencies or individuals involved with the design, production, execution or distribution of the Faces of Wellness award and the immediate family and household members of such individuals, are not eligible to enter or win. "Immediate family members" shall mean parents, stepparents, children, stepchildren, siblings, step siblings or spouses, regardless of where they live. "Household members" shall mean people who share the same residence at least three months a year, whether related or not.

APPLICATION DEADLINE

The final day to submit your application is **October 1, 2023**.

SUBMITTING YOUR APPLICATION

If you cannot submit your application through the online form at **facesofwellness.ca**, please email this completed PDF to **facesofwellness@ab.bluecross.ca** and include any relevant photos or videos.

WHEN WILL THE FACES OF WELLNESS PROGRAM AWARD RECIPIENTS BE NOTIFIED?

Faces of Wellness award recipients for 2023 will be notified by **November 30, 2023**. Recipients will also be recognized on the Alberta Blue Cross website and social media accounts.





Application form

APPLICANT FULL NAME

CONTACT DETAILS

Contact person		Contact title	
Phone number	Email	<u> </u>	
Address	City	Province	Postal code

APPLICATION DETAILS

Why are you or the person you're nominating a face of wellness.

WHAT TO INCLUDE IN YOUR APPLICATION?

Before you submit please ensure your application is complete with the items listed below.

- Include a true, original story outlining the following (in 300 words or less):
 - The wellness experience of the entrant and how they overcame the challenge to live their best life.
 - Examples of how the entrant lives a life of wellness and regularly encourages others to do the same.
 - Examples of the impact the entrant has had on their community or circle.
- If you have photos or videos of that support your nomination story, please include.

Entries may also be nominations of another deserving individual with the written permission of that individual. If you are nominating another individual, please provide

- Their contact information, including phone and email address.
- Their full name.
- Their written permission that their information can be submitted.

DECLARATION OF APPLICANT

I confirm that this application in its entirety is truthful to the best of my knowledge.

Name of applicant	
Signature of applicant	Date (YYYY-MM-DD)

