MEMBER INCENTIVE PROGRAM

**Request for Approval**

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| Health Plan: |  | | | Date: |  |
| Contact Person: | |  | E-mail: |  | |

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| Disease/Behavior Targeted: | | | | | |
| Type of Incentive*:* | Enrollment FeeMonthly Membership Gift Other (specify)  Products/Merchandise Tickets Raffle  **\***Gift Card/Certificate | | | |
| \**Gift cards must be provided with the following statement: “This gift card cannot be used to purchase alcohol or tobacco.”* | | | | |
| Start Date: | | End Date: | | On-Going (Update due 1 year after approval date) |
| *Description of incentive(s), approximate dollar value of each, purpose and how it will be structured/implemented:* | | | | |
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| *Description of health education intervention; how the use of incentive(s) supports the program goals/objectives:* | | | | |
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| *Description of evaluation plan, measures used to determine whether program met its objectives, and oversight:* | | | | |
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| MMCD Approver’s Name: | | | Date Approved: | |