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 Fee**[ ]** Monthly 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:* |
|       |
| *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:  |