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| MEMBER INCENTIVE PROGRAM   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Plan Update** | | | End of Program Evaluation | | | | | Annual Update (On-Going) | | | | | Health Plan: |  | | | | Date: |  | | | Contact Person: | |  | | E-mail: |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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.”* | | | | | Approval Date: | | End Date: | On-Going | | |
| E**nd of Program Evaluation: Please submit to MMCD within 30 days of this incentive program’s end date.** | |
| **Was the incentive program successful?  Yes  No  Not sure** *If successful, please provide a brief explanation of the effectiveness and/or success rate of this incentive. If not successful (or not sure), please provide a very brief explanation below. Be sure to include the total number of incentives that were awarded.* | |
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| **Annual Update/On-going Program: Submit to MMCD annually; beginning one year after implementing the program.** | |
| *To justify the continuation of this incentive program, please provide a brief explanation of the effectiveness and/or success rate of this incentive with a total number of incentives that were awarded in the previous year.* | |
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| MMCD Approver’s Name: | Approval Date**:** |