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| MEMBER INCENTIVE PROGRAM

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| **Plan Update**  |  **[ ]** End of Program Evaluation |
|  **[ ]**  Annual Update (On-Going) |
| 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.”* |
| 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**:**  |