

HEALTHPACT INITIAL PLEDGE FORM



The HEALTHPact plan focuses on primary care, prevention, and wellness. This plan also emphasizes the importance of proper treatment for the chronically ill. To support these goals and to obtain the Advantage Level of benefits, individuals and family members must pledge to commit to the goals of HEALTHPact, as follows:

I, _____ (print name), agree to:

- Participate in a smoking cessation program, if currently a smoker, or remain smoke-free if a non-smoker.
- Participate in a weight loss or weight management program, if I have a high Body Mass Index (BMI), or maintain a healthy weight if my BMI is in the healthy range.
- Participate in disease management or case management, if identified by Tufts Health Plan as an individual who would benefit from these programs.

Today's date is _____ (month, day, and year), and I understand my participation in the Advantage-level benefits is dependent on my engagement in the above mentioned programs.

Signed _____
(By the member if 18 or older as of the date of enrollment or the member's parent or guardian if the member is 12 to 17 years old)

Note: No pledge is required for members younger than 12.