

To become an active member of the TakeControl program and receive the \$0 fee benefits plan incentive, you must complete the following commitment pledge and at least one session with a TakeControl educator. If you haven't already, please call (228) 205-7667 to schedule a session.

Employee ID # _____

Participant's Name _____

Participant's Date of Birth _____

☐ Employee ☐ Spouse ☐ Dependent

Phone Number _____

Secure Email Address (This will be used to communicate with the Participant/Legal Guardian/Power of Attorney through QuadMed Secure Messaging.) _____

Doctor/Provider's Name _____

Check condition(s) you are enrolling for: ☐ Asthma ☐ Diabetes ☐ High blood pressure

ANNUAL PROGRAM REQUIREMENTS FOR ACTIVE MEMBERS

Requirement	Asthma	Diabetes		High blood pressure
		A1c <9%	A1c >9%	
TakeControl educator sessions	•	• •	• • • •	•
Primary care provider visits	•	• •	• •	•
A1C tests		• •	• • • •	
Physical activity completion	•	•	•	•
Nutrition activity completion	•	•	•	•
Be tobacco-free or actively trying to quit	✓	✓	✓	✓

By completing this form, I am requesting to become an active member in the TakeControl condition management program. I understand that my participation in this program is voluntary and that I will only be able to qualify for the benefits associated with this program if I meet, and continue to meet, the requirements outlined for my conditions. If I do not complete the annual requirements, I understand that my \$0 fee benefits plan incentive will be terminated. This commitment is effective until the end of the current program year and will renew each year unless I notify a TakeControl educator or program coordinator that I would like to end my participation as an active member in the program.

By my signature below I acknowledge my understanding of the criteria as set forth above.

Signature of Participant _____

Date _____

Signature of Parent/Legal Guardian/Power of Attorney (circle as applicable) _____

Date _____

Please return to the TakeControl team:

HII Family Health Center
Attn: TakeControl
2105 Old Spanish Trail
Gautier, MS 39553

Email: TakeControl@quadmedical.com
Fax: (228) 205-7715