



Please complete form for each adult Medi-Share 2.0 Participant in the household, except for adult children (age 18-22).

Applicant Name: _____ CCM ID Number: _____

Phone Number: _____ Email: _____

Please check this box if you are pregnant or have given birth in the last twelve months. If pregnant, please note due date: _____. If you have given birth in the last twelve months, please indicate date: _____.

**A first-time Health Incentive applicant who is pregnant (or gave birth less than a year ago) may still qualify for the incentive and must submit these results, however, the criteria may be modified based on the pregnancy and due date (or day she gave birth). A pregnant member (or member who gave birth less than a year ago) renewing their Health Incentive is not required to submit these results, however, does need to complete this form indicating their due date (or date she gave birth) in order to continue receiving the Health Incentive.*

****Measurements must be taken and submitted within 90 days of HbA1c test****

These measurements must be taken and entered by a credentialed health professional (Doctor, RN, RD, Chiropractor, Emergency Medical Service Personnel, or Fitness Professional — *not an immediate family member*).

Note - This application will not be processed without waist measurement verification.

(Take a tape measure with you, if necessary.)

Height (without shoes): _____ inches

Weight (without shoes): _____ pounds

Estimated weight of clothing during weighing: _____ pounds

Waist Measurement (at umbilicus; abdomen relaxed) _____ inches

I have personally documented the entries for the above-named person, and to the best of my knowledge, the numbers I have entered are accurate.

Signature of Authorized Person: _____

Name of Authorized Person (please print): _____

Title: _____ Agency: _____

Office Phone Number: _____ Date measurements were taken: ____ / ____ / ____

I affirm that all of the above entries are accurately reported by the authorized person.

Signature of Applicant: _____ Date: _____