To help you reach the required goals to graduate from the Health Partnership program and have the fee removed, we will provide you resources to support your efforts, which include an online portal and access to telephone based coaching.

- **Health assessment** – Your input and results personalize the online experience to make the platform more relevant.
- **Articles, audio and video** – Unbiased, scientifically based content.
- **Health challenges** – Compete against the online community around specific health topics.
- **Integration of wearables** – Sync your activity, participate in challenges and increase your wellness score with a Fitbit.
- **Email support** – Recipes, fitness tips, and featured content related to specific conditions.
- **Coaching** – Certified Health Coaches available to work with you as co-strategist and educator.

In order to graduate and have the fee removed, I will:

1. Submit self-reported weight / waist / blood pressure and verification for cholesterol and HbA1c demonstrating that I have achieved the goals above.

   * If you have already achieved the goals in the chart above and are participating in the Health Partnership program because of a condition identified in your Application Review Report in the Forms Center, the program requires that you have three contacts with a coach in order to graduate.

2. I understand that upon graduation from the Health Partnership program, I will be required to re-verify my results annually for a period of three years. If any of the re-verification metrics are not in line, I understand that I will be re-enrolled in the Health Partnership program and the $80 per month fee will be added to my monthly share notice. Upon the subsequent graduation, the three year verification process will restart.

**Health Partnership Acknowledgement**

I understand Coaches do not diagnose, prescribe for, or treat disease, illness or injury. Medical issues should be discussed with my physician. I understand that I am not to participate in any activity that my physician says would not be safe for me, including but not limited to diet and exercise, and will disclose to my Coach any health concerns or limitations that could affect my health. I understand my coach may require me to get a medical clearance for exercise from my physician. I agree to apply proper guidelines for safety and technique in performing exercise, and to progress at a safe pace. I understand that there are risks while exercising, such as incurring physical injury to bone, muscle, ligament, or tendons and in very rare instances, life-threatening problems such as heart attack or stroke. I understand that I am to stop exercising and consult with my physician and/or call 911 if I develop symptoms of lightheadedness, dizziness, difficulty breathing, chest/shoulder/neck/jaw pain or pain radiating to the back during or following an exercise session. I realize coaching calls are recorded for quality assurance.

By signing below I certify that I have read the disclosure or agreement, and in the case of an agreement, agree to its terms, and affirm that all information that I have entered or supplied, if any, is accurate.

**Signature** _________________________________  **Date** _________________________________