

UnitedHealthcare Pledge PlanSM

Member Pledge Form



The UnitedHealthcare Pledge PlanSM 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 the UnitedHealthcare Pledge PlanSM, a HEALTHpact plan, as follows:

I and my covered family members (ages 12 and over), _____
_____ (print names), 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 programs, if identified by UnitedHealthcare as an individual who would benefit from these programs.

Today is _____, 200____, and I/we understand my/our participation in the Advantage-level benefits is dependent on my/our meeting all eligibility requirements, including my/our engagement in the above-mentioned programs and my/our maintaining a healthy lifestyle as described above.

Signed _____

(By the subscriber [employee] for all covered family members ages 12 and over.)

Note: A Member Pledge Form is not required for children under age 12.

For more information about qualifying for Advantage-level benefits, please see the additional forms in this Enrollment Kit or call 1-800-573-0414.

UnitedHealthcare Pledge Plan
Dedicated Service Line
1-800-573-0414

