



unitedrefuah
HealthShare

WellCheckSM Agreement

(for WellCheckSM Assist & WellCheckSM Support)

This Agreement is made as of _____ (date) by and between United Refuah HealthShareSM and _____ (Participant Name) in recognition of agreement to participate in the United Refuah WellCheckSM Assist or Support program.

I acknowledge that I have disclosed my medical history in the course of my application to United Refuah HealthShareSM, and because of conditions identified in the application process, I have agreed to participate in either the United Refuah WellCheckSM Assist or Support program.

In order to remain in compliance with the provisions of this program, I am aware and agree to the following:

- 1) I will work with a United Refuah HealthShareSM health coach and together we will set achievable goals in accordance with United Refuah HealthShareSM guidelines.
- 2) I will take proactive steps toward improving my health and follow the recommendations of my health coach.
- 3) I will maintain regular contact with my health coach as specified to achieve my health improvement goals.
- 4) I understand that if I fail to comply with my improvement plan it may result in the termination of my United Refuah HealthShareSM membership.
- 5) I agree to pay the WellCheckSM participant fee as outlined in the Sharing Guidelines.

(Participant signature)

Caring / Sharing / Healing