

TAKE PART IN THE CAPE COD MUNICIPAL HEALTH GROUP INCENTIVE PROGRAM!

Make regular preventive health screenings a priority in your life and earn an incentive. Cape Cod Municipal Health Group subscribers and spouses can earn an incentive for completing the appropriate, recommended preventive screenings:

- Health Screening: Subscribers and spouses who have a cholesterol and blood pressure screening at their doctor's office will be eligible for a chance to win one of 300 **\$50 American Express Gift Cheques**.
- Mammogram: Women subscribers and spouses age 40 and over (or recommended by a physician) who have a mammogram will receive a **\$50 American Express Gift Cheque**.
- Colonoscopy: Subscribers and spouses age 50 and over (or recommended by a physician) who have a colonoscopy will receive a **\$100 American Express Gift Cheque**.

Your participation in the incentive program is completely confidential. Your employer will not be notified if you do or do not participate.

HERE'S HOW YOU CAN EARN YOUR INCENTIVE:

1. Complete all appropriate health screenings between July 1, 2025 – June 30, 2026.
2. Have your health care provider sign and date the certification form for each screening you complete.
3. When you have completed all applicable screenings, return the original certification form to:
LMR Processing Center
P.O. Box 3624
Plymouth, MA 02361-3624
4. Returned form must be postmarked by July 6, 2026 You can submit one form only.
5. You will receive your Gift Cheque approximately 6-8 weeks after receipt of your certification form.

PREVENTION AND EARLY DETECTION SAVES LIVES. SCHEDULE YOUR SCREENING TODAY!



¹ Health Screening Drawing will be held in July 2026.



CCMHG Members
Incentive Program FY26

July 2025 – June 2026



CAPE COD MUNICIPAL HEALTH GROUP INCENTIVE Certification Form

Complete all that apply. Please note that this incentive program is only for employees and spouses of municipal units that participate in **Cape Cod Municipal Health Group**.

HEALTH SCREENING

I certify that the member has had a cholesterol screening and blood pressure screening between **July 1, 2025 – June 30, 2026**.

Signature of licensed healthcare provider

Date Completed

MAMMOGRAM

For women subscribers and spouses age 40+ (or recommended by a physician)

I certify that the member has had a mammogram between **July 1, 2025 – June 30, 2026**.

Signature of licensed healthcare provider

Date Completed

COLONOSCOPY

For subscribers and spouses age 50+ (or recommended by a physician)

I certify that the member has had a colonoscopy between **July 1, 2025 – June 30, 2026**.

Signature of licensed healthcare provider

Date Completed

ADDRESS FOR GIFT CHEQUE MAILING PURPOSES:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Town/Group subscriber works for: _____