

Name of Company: _____

Address: _____

Please list different locations (if applicable): _____

Number of participants expected to enroll: _____

Please provide a brief description of the company:

- Will the company want employee ID collected at time of initial call? Yes No
- How many calls must be completed? 8 weeks (standard) More Specify: _____
- Is there an enrollment deadline? Yes No
If yes - please provide date: _____
- Is there a timeframe that the calls must be completed by? Yes No
If yes - please provide date: _____
- Does the Participant have to quit using tobacco by the end of the calls? Yes No
- If the participant has already quit do they have to complete the calls? Yes No
- Is there consequences for not completing the program? Yes No
If yes – what will those consequences be?
 Premium Increase No Consequences Other
- Will participants receive a Premium Decrease for completing the program? Yes No

Explanation:

Benefit Tracking Sheet *(continued)*

- Are any of these products covered by the participants Insurance? *If Yes – Please provide a cost breakdown covered by insurance for the participating.*

Chantix Zyban/Wellbutrin NRT Patches NRT Gum NRT Lozenges

Other: _____

- If no products are covered
 - is company purchasing NRT through the American Lung Association? Yes No
- Do we mail a Certificate of Completion at the end of the required calls? Yes No
- Can employee's spouses participate? Yes No
- Can employee's dependents participate? Yes No

Program Coordinator's Contact Information for Reporting

Contact Person # 1

Name: _____

Phone Number: _____

Email Address: _____

Contact Person # 2

Name: _____

Phone Number: _____

Email Address: _____

Other Program Details:

Additional Information Regarding Partnership

When a referral is received, we call a participant three times and leave three messages. If there is no response, the participant is no longer part of the program and cannot complete the required phone calls. However, a membership will have been used.