



**YMCA EMPLOYEE BENEFITS**  
A nonprofit benefit Plan exclusively  
serving YMCAs since 1970.

# ATTESTATION FORM

## Diabetes Prevention Program

Congratulations on taking the next step in your health journey by participating in the **YMCA's Diabetes Prevention Program!** Members enrolled in a YMCA Employee Benefits medical plan may be eligible to receive a \$100 gift card after participating in at least 12 sessions of this program.

**SUBMIT THIS FORM to certify you have completed the requirements below.**

To earn this incentive, you must be a covered YMCA Employee Benefits medical plan member at the time requirements are completed. Eligible plan members include employees, spouses/domestic partners, retirees, and COBRA participants.

### INCENTIVE REQUIREMENTS

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By signing below, I certify that:

I am currently enrolled in a YMCA Employee Benefits medical plan as either a YMCA employee, retiree, or COBRA participant, or a spouse or domestic partner of such\*

I have completed at least 12 sessions of the YMCA's Diabetes Prevention Program

\*Member must continue to be enrolled in a YMCA Employee Benefits medical plan throughout the time it takes for this incentive to be processed, which takes an average of 45–60 days from the date this form is received.

### SIGNATURE

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By signing this form, I certify that the information provided is true, complete, and correct.

Your Name: \_\_\_\_\_ Date of Most Recent Session: \_\_\_\_\_

Your YMCA's Corporate Association Name or Number: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Lifestyle Coach's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Privacy Notice:** The information on this form will not be shared with anyone at your YMCA.  
For a full Privacy Notice, visit [YBenefits.org/wellness](https://ybenefits.org/wellness)

**This form must be signed by you and your YMCA's Diabetes Prevention Program Lifestyle Coach.  
Once complete, please email to [EmployeeBenefits@ymca.net](mailto:EmployeeBenefits@ymca.net).**