

**Exhibit A—Non Health Flex Plan Sponsor Adoption Agreement for Personify Health Program—  
Rewards and Device Subsidy**

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**Part 1 – General Information** (please print)

Plan Sponsor Name \_\_\_\_\_ UMC Employer # \_\_\_\_\_

Date \_\_\_\_\_

**Part 2 – Rewards**

As part of the Personify Health program you have the opportunity to provide rewards or incentives to participants to participate and engage in the program. These rewards are based on the number of points the participant earns during a quarter. Points are earned in a variety of ways: tracking steps, tracking healthy habits, reading daily cards, and creating and participating in challenges.

As an example, HealthFlex rewards participants in the following way:

| Level   | Points Earned                       | Reward |
|---------|-------------------------------------|--------|
| Level 1 | 1000                                | \$ 5   |
| Level 2 | 5000                                | \$ 15  |
| Level 3 | 10000                               | \$ 10  |
| Level 4 | 15000                               | \$ 10  |
|         | Potential Rewards per Quarter       | \$ 40  |
|         | Potential Rewards per Calendar Year | \$ 160 |

The levels will stay the same but the amount of reward is determined by your conference. Use the chart below to document the rewards structure for your conference starting January 1, \_\_\_\_\_.

| Level   | Points Earned                       | Reward |
|---------|-------------------------------------|--------|
| Level 1 | 1000                                | \$     |
| Level 2 | 5000                                | \$     |
| Level 3 | 10000                               | \$     |
| Level 4 | 15000                               | \$     |
|         | Potential Rewards per Quarter       | \$     |
|         | Potential Rewards per Calendar Year | \$     |

If Plan Sponsor is setting its own reward levels as indicated above, it agrees it is responsible for compliance regarding applicable law governing such rewards.

**Part 3 – Activity Tracker Subsidy**

Plan Sponsors determine if they want to fully subsidize the cost of the activity tracker, partially subsidize, or have the participant pay for their tracker. Please document the amount of subsidy for the activity tracker.

- Plan Sponsor will pay for the full cost of the activity tracker.
  - Plan Sponsor will pay \_\_\_\_\_ % of the full cost of the activity tracker.
  - Plan Sponsor will not subsidize the activity tracker. The participant will pay full cost.
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**Part 4 – Signatures**

*Plan Sponsor*

Plan Sponsor Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Authorized signature \_\_\_\_\_

*Wespath*

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_