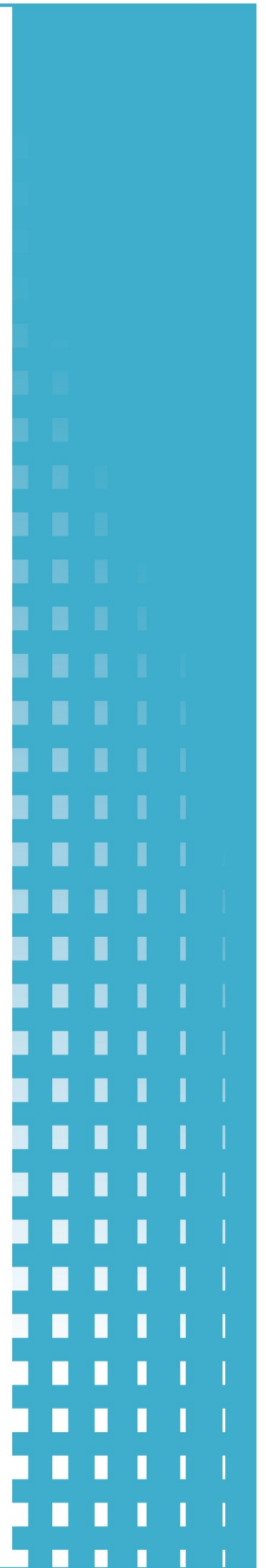


Appendix I3
Confidentiality and Non-disclosure
Agreement



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

As a condition of my employment with Abt Associates on the Healthy Incentives Pilot (HIP) Evaluation and for the duration of my assignment, I agree to maintain the confidentiality of all information given to me by respondents. I agree that I will not disclose any such information, during or after my assignment, except to authorized representatives.

I also agree that, during or after my assignment, I will not disclose to anyone other than authorized representatives any memoranda, manuals, questionnaires, work plans, or other materials or information furnished to me in the course of my assignment. I agree to return any such materials in my possession immediately upon the completion of my assignment.

Nothing in this Agreement shall grant to or confer on me any right to work for any particular period of time, nor shall it confer upon Abt Associates or its client the right to provide work activity for me for any particular period of time.

I understand that any violation of this Agreement during the period of my assignment will be cause for dismissal without notice, and may lead to legal action.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____