



2017 CHS LiveWELL Incentive Alternatives Maternity/New Mother

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REQUIRED: Employee ID#
(Find six-digit ID# by your name on paycheck)

Last Name (print legibly)

First Name

Middle Initial

Birth date: ___ mo/___ day/___ year Best phone to reach you: _____

Work Location & Department _____

I am enrolled in the CHS LiveWELL Health Plan (circle one): Yes No

Instructions: Ask your Primary Care Provider or OB/GYN to complete the information below.
Fax to 704-446-1635

Retain your completed copy of this form and your fax confirmation until your incentive reward is received.
Deadline: This form must be received by CHS LiveWELL **no later than September 15, 2017.**

Incentive Exceptions for Healthy Weight Reward and Know Your Numbers

(To be completed by your medical provider)

- Pregnancy:** My patient is currently pregnant.
- New Mother:** My patient is currently breastfeeding. Weight loss is not advised at this time.

I am the Primary Care Provider or the OB/GYN for the CHS teammate named above:

Today's Date: ___ mo/___ day/___ year

Provider's Name (**printed**): _____

Provider's Signature: _____

Phone Number: _____ Practice Name/Location: _____

MORE IMPORTANT MATERNITY BENEFITS AND REWARDS!

- All CHS Maternity Benefits! Contact a Maternity Navigator 704-631-0301
- Maternity Benefits and Compensation website: <http://peopleconnect.carolinas.org/maternity>
 - Smart Starts Program (earn a HSA reward and CHS LiveWELL Health Coaching reward)
Call MedCost about participating in this program: 800-722-2157 by 20 weeks gestation