

2024 Lennox International Pregnancy Waiver Form

READ BEFORE FILLING OUT:

You are **NOT** required to complete a screening if you are pregnant.

Please be sure it is signed and dated by your health care provider and returned to LllveWell by November 29, 2024.

To Medical Professional: Your patient is participating in the LllveWell wellness program. Your patient will be eligible to avoid a health coverage premium surcharge upon the wellness program's receipt of your certification that the patient has consulted with you for medical care. **Please be sure to sign and date below.**

Participant Information

Please complete the personal information below.

| | |
|---|-------------------|
| First Name: | Last Name: |
| EEID (Employee ID/ EEID+DOB for Spouse): | DOB: |
| Phone: | Email: |

Physician Information

| | |
|---|------------------------------------|
| Physician Verification: Waivers cannot be processed without a full signature, date, printed name, and phone number. | |
| By signing this form, as the above participant's physician, I verify that the information supplied here is accurate and complete and I recommend the biometric health targets above be waived due to pregnancy. | |
| Physician Signature | Date |
| Physician Printed Name | Physician Number (area code first) |

The completed form must be returned by 11/29/2024 using one of the options below:

- Secure Upload (preferred method) at <https://www.totalwellnesshealth.com/gravity-landing/lennox-waiver-upload/>
- Fax Securely to 402-939-0772
- Mail to TotalWellness, Attn: Data Team, 9320 H Court, Omaha, NE, 68127 (Please allow time for mailing)

Forms will be processed within 10 business days of receipt by TotalWellness