

2025 Lennox International Medical Waiver Form

READ BEFORE FILLING OUT:

***To complete the Medical Waiver, you must first complete your Health Screening.**

If you have not completed your Health Screening do not fill out this form, you will not be considered for a Medical Waiver.

To Participant: If you are unable to meet a biometric standard, or improve a biometric standard, under this wellness program, you may still be able to avoid paying more for your coverage by consulting with a medical professional. If you feel this applies to you, complete the participant section of this form and take it to a medical professional. **Please be sure it is signed and dated by your health care provider and returned to LIlveWell by November 28, 2025.**

To Medical Professional: Your patient is participating in the LIlveWell wellness program and was unable to meet or improve in at least 3 of the 5 biometric standards shown below. 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:

Health Outcome Measure	Metabolic Syndrome Target
BMI (Body Mass Index)	< 25
Waist Measurement	Men ≤ 40 inches Women ≤ 35 Inches
Blood Pressure	< 130/85 mm/Hg
HDL Cholesterol	Men: ≥ 40 mg/dL Women: ≥ 50 mg/dL
Fasting Glucose	< 100 mg/dL
Triglycerides	< 150 mg/dL

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.	
Physician Signature	Date
Physician Printed Name	Physician Number (area code first)

The completed form must be **returned by 11/28/2025** 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