

# 2025 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 LIlveWell by November 28, 2025.**

**To Medical Professional:** Your patient is participating in the LIlveWell 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 **11/28/2025** 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