

2026 Lennox Medical Waiver Form

READ BEFORE FILLING OUT:

*** You must complete a health screening before your Medical Waiver will be accepted.**

If you have not completed your Health Screening do not fill out this form, you will not be considered for a Medical Waiver. First, you must complete a health screening before your Medical Waiver will be accepted.

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 LIIveWell by November 30, 2026.**

To Medical Professional: Your patient is participating in the LIIveWell 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 11/30/2026** 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.