

# 2019 LiveWELL Incentives: Maternity/New Mother Exception Form

## Employee ID# (Required)

(You can find your six-digit ID# by your name on your paycheck)

**Deadline:** This form must be received by LiveWELL by **October 4, 2019**.

**Instructions:** Ask your medical provider or OB/GYN to complete the information below and email to [LiveWELLRewards@AtriumHealth.org](mailto:LiveWELLRewards@AtriumHealth.org) (photographs cannot be processed) or fax the completed form before the deadline to **704.446.1635**.

**Reminders:** Please retain your completed copy of this form or your fax confirmation until your incentive reward has been received. Check that these rewards shows as **Achieved** in your Total Health Portal two weeks after sending this form.

## MORE IMPORTANT MATERNITY BENEFITS AND REWARDS!

- Contact a Maternity Navigator: **704.631.0301**
- SmartStarts Program (earn a HSA reward and LiveWELL Health Coaching reward)
- Call MedCost before 20 weeks gestation about participating in this program: **800.204.2085**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_mo/\_\_\_\_day/\_\_\_\_year Best Contact Number: \_\_\_\_\_

Work Location: \_\_\_\_\_ Department: \_\_\_\_\_

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

## Incentives Exceptions for Healthy Weight Reward & Know Your Numbers

(To be completed by your medical provider)

- ☐ **Pregnancy:** My patient is currently pregnant
- ☐ **New Mother:** My patient is currently breastfeeding and weight loss is not advised at this time

**I am the Primary Care Provider or the OB/GYN for the Atrium Health teammate named above:**

**Today's Date:** \_\_\_\_mo/\_\_\_\_day/\_\_\_\_year

Provider's Name (**printed**): \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Practice Name/Location: \_\_\_\_\_



**Atrium Health**

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