



PEHP Waist Aweigh ♦ 560 East 200 South ♦ Salt Lake City, UT 84102-2004 ♦ 801-366-7478 ♦ Toll Free 800-753-7478

### PEHP WAIST AWEIGH OBESITY INTERVENTION PROGRAM VERIFICATION OF WEIGHT LOSS FORM

In order to receive reimbursement for participation in an approved weight loss program and/or gym/fitness center, participants must lose 1 BMI point every 60 days. Please complete this form and submit to PEHP Waist Aweigh every two months. Thank you.

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
PEHP Member ID # (located on ins. Card)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Weight/BMI

\_\_\_\_\_  
Name of Program/Fitness Center

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of individual verifying (please print)

\_\_\_\_\_  
Signature or Stamp of Weight Loss Program

Mail To:  
PEHP Waist Aweigh  
560 East 200 South  
Salt Lake City, UT 84102

OR

Fax To:  
PEHP Waist Aweigh  
801-245-7755