PEHP WeeCare

## Postpartum Weight Improvement Rebate Form



## **Member Instructions**

To qualify for this rebate, participant must enroll in WeeCare during pregnancy or by 12 weeks after the delivery of the baby.

- **Step 1:** Complete the Member Information section and sign.
- **Step 2:** Obtain weight verification signature from your healthcare provider, a PEHP Healthy Utah staff member, or other health and fitness professional.
- **Step 3:** Return completed form to:

PEHP WeeCare P.O. Box 3503 Salt Lake City, UT 84110-3503 or FAX to: 801-328-7400

LIBET TRIMESTER WEIGHT

After delivery, you have <u>one year</u> to reach your pre-pregnancy weight (First Trimester Weight) and earn the \$50 <u>PEHP WeeCare Postpartum Weight Improvement</u> rebate. Weight loss assistance and educational resources are available at <u>www.pehp.org</u>.

BIRTH DATE

PEHP MEMBER ID

CLIDDENIT WEIGHT

## **Member Information**

NAME (Please Print)

ПЕКСИТ

HEIGHT	TINST MINESTER WEIGHT	O WEEK! OSHANION WEIGH		COMEN WEIGHT
MEMBER SIGNATURE		DATE		
Verification o	f Current Weight			
May be verified by	Healthcare Provider, PEHP H	lealthy Utah staff member	, or other h	nealth and fitness professional.
Please complete ar cash incentive awa	nd sign this form for our PEHP ard.	member. Reaching her pre-	pregnancy	weight entitles her to a \$50
Member's current	weight:			
NAME (Please Print)	e Print) TITLE			
MEMBER SIGNATURE		I	DATE	

6 WEEK DOCTDARTI IM WEIGHT

Contact PEHP WeeCare if you have any questions about this form.

Phone: 801-366-7400 Toll-free: 855-366-7400 Email: weecare@pehp.org