



PEHP WeeCare Rebate

To Be Completed Postpartum (typically at 6-week postpartum visit)

Member Instructions

Step 1: To apply for your \$50 rebate for enrolling in PEHP WeeCare DURING YOUR PREGNANCY, please answer a few questions below.

Step 2: Obtain verification of your **First Trimester Weight** from your Healthcare provider (**REQUIRED**).

Step 3: Return completed form to:

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

Note: By reaching your First Trimester Weight within one year postpartum, PEHP may award an additional \$50 rebate. See **PEHP Postpartum Weight Improvement Rebate** form for details. Weight loss assistance and educational resources are available on our website. To be eligible for the **PEHP Postpartum Weight Improvement Rebate**, your First Trimester Weight must be verified by your Healthcare provider.

Member Information

*Required field

*MOTHER'S NAME		*MOTHER'S DATE OF BIRTH		*PEHP MEMBER ID	
*HEIGHT	*FIRST TRIMESTER WEIGHT (FIRST OB VISIT)	*DATE	*6-WEEK POSTPARTUM WEIGHT	*DATE	

VERIFICATION OF WEIGHT FROM HEALTHCARE PROVIDER:

*HEALTHCARE PROVIDER NAME & TITLE (PRINT)	*HEALTHCARE PROVIDER SIGNATURE
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How are you feeding your baby? (Please check all that apply.)

- Direct breastfeeding
 Infant Formula
 Pumped Breast Milk
 Other (please specify combination, etc.): _____

We are trying to help improve breastfeeding experiences for mothers. Your comments are appreciated. If you are not breastfeeding, please share your reasons for this decision:

Are you currently a tobacco user? YES NO
Is someone in your household currently a tobacco user? YES NO
Are you concerned about postpartum depression or "baby blues"? YES NO
If yes, or if you have other postpartum related questions or concerns, would you like us to contact you? YES NO
Your contact information: Phone: _____ Email: _____

The PEHP Tobacco Quitline service is available seven days a week, from 7 a.m. to 11 p.m. MST. Members, spouse, and dependents are eligible to access this resource. For more details, visit pehp.quitlogix.org or call toll-free 855-366-7500.

The PEHP Waist Aweigh Program provides education and support for weight management. For details, visit www.pehp.org or call 80-1366-7300 or 855-366-7300.

PEHP WeeCare continues to be a resource for you in the postpartum period. Contact us with breastfeeding questions or other concerns.

Phone: 801-366-7400

Toll-free: 855-366-7400

Email: weecare@pehp.org

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**

Timeline

After delivery, you have one year to reach your pre-pregnancy weight (First Trimester Weight) and earn the \$50 PEHP WeeCare Postpartum Weight Improvement rebate.

Member Information

NAME (Please Print)		MEMBER DATE OF BIRTH	PEHP MEMBER ID
HEIGHT	FIRST TRIMESTER WEIGHT	DATE OF DELIVERY	6-WEEK POSTPARTUM WEIGHT
MEMBER SIGNATURE			DATE

Verification of Current Weight

May be verified by Healthcare Provider, PEHP Healthy Utah staff member, or other health and fitness professional.

Please complete and sign this form for our PEHP member. Reaching her pre-pregnancy weight entitles her to a \$50 cash incentive award.

Member's current weight: _____

NAME (Please Print)	TITLE
SIGNATURE	DATE

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

Phone: 801-366-7400

Toll-free: 855-366-7400

Email: weecare@pehp.org