



PEHP WAIST AWEIGH WEIGHT VERIFICATION FORM

In order to receive rebates for participation in PEHP Waist Aweigh, participant must lose 1 BMI point every 60 days. Please complete this form and submit to PEHP Waist Aweigh every other month on or up to 7 days before your contact date.

Participant acknowledges and agrees that if PEHP determines that the Participant has misrepresented or falsified the information on this form, Participant will be released from PEHP Waist Aweigh indefinitely and the Participant forfeits any rebates associated with the weight management program.

Participant Name *(First, MI, Last)*

PEHP Member ID *(Last 6 digits on PEHP ID card)*

Participant Signature

Participant Phone

Below is for health, fitness or medical professional use only

Date

Current Weight

Name of Facility where weight is verified

Phone

Address

City

State

Zip Code

Name and Title of individual verifying
(Please Print)

Signature of individual verifying
(No rebate will be processed if not signed)

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

OR

Fax To:
PEHP Waist Aweigh
801-245-7755

Questions? 801-366-7300 » Toll Free 855-366-7300

Area for PEHP office use