Group Health Benefits Wellness Program
Pregnancy Weight Loss Incentive Form

Dear Wellness Program Participant,

Congratulations! You have decided to lose the weight gained during your recent pregnancy. All of us in the Center for Connectional Resources applaud your efforts. It is not easy, and we honor your success.

You must provide a Physician Confirmation Form (see below) indicating both your 1st trimester starting weight and your weight when you file your incentive form. All weight must be lost within 12 months of the date of delivery to qualify for this incentive.

The mother must be a participant in the Texas Annual Conference Group Health Benefits Program when the baby is born.

_____ **$1,000 – for losing weight gained during pregnancy, returning to the 1st Trimester weight.**

Note: ***Please use the attached Physician Confirmation Form. The total of all Wellness Incentives earned in any one calendar year, January 1 thru December 31, are limited to $2,000 per person.***

By signing below, I confirm that I have satisfied the requirements of the TAC Center for Connectional Resources Health Benefits Wellness Program which include:

1. TAC active clergy, under 65 early retiree, or lay employee of the TAC Fiscal Office; dependent spouse of TAC active clergy or lay employee of the TAC Fiscal Office; under 65 spouse or surviving spouse of TAC early retiree or Medicare Primary retiree.
2. Participant in the Texas Annual Conference Group Health Benefits Program when the baby is born.
3. Attendance at the Day of Wellness with Methodist Hospital. **Date attended the Day of Wellness** _____
4. Exercising for 20 minutes a day 3 times per week.
5. Eating nutritious meals.
6. Participation in a small group spiritual experience. (Laity substitutes church attendance)
7. Obtaining an annual physical exam.

Name (print) _____ Phone Number _____

Street Address _____ City _____ Zip Code _____

_____	_____	_____
Signature	Today's Date	Date of Delivery

Send completed form in a PDF format along with Physician Confirmation Form (preferably by email) to:

TAC Wellness, 5215 Main Street, Houston, TX 77002
Email: wellness@txcumc.org
Fax: 713-521-7516

For Office Use Only:

Date Received: _____

Approved by: _____

Please allow 4 to 6 weeks for processing and mailing of your incentive check. You will receive a 1099-MISC for all Wellness Incentives paid in a calendar year.

(Rev. 2/2021)

Texas Annual Conference
United Methodist Church

Group Health Benefits Wellness Program
Pregnancy Weight Loss Incentive
Physician Confirmation Form

Name of Participant _____

Date of first trimester physician visit _____

Weight at first trimester physician visit (lbs.) _____

Date of delivery _____ Today's date _____*

Current Weight (lbs.) _____ Current Height (ft.-in.) _____

Physician Signature _____

Physician Name (Print) _____

Physician Street Address _____

Physician City _____ Zip Code _____

Physician Phone Number _____

*Incentive Form and Physician Confirmation Form must be submitted within 30 days of the date above.

(Rev. 2/2021)