


This form is intended to provide employers proof that a Kaiser Permanente member has completed 1st or 2nd trimester OB visit, pre-visit phone education session & prenatal labs to qualify for a maternity incentive program.

<p>1</p>	<p>COMPLETE YOUR CONTACT INFORMATION Complete your personal contact information on the second page of this form.</p>
<p>2</p>	<p>WHAT YOU NEED TO DO Your employer has asked you to verify that you’ve completed your first trimester prenatal labs.</p> <p>During your next visit with your doctor, explain that your completion of first trimester prenatal labs are needed to qualify for a maternity incentive program.* Your doctor will determine the appropriate prenatal lab work necessary.</p> <p>Once you have completed all your prenatal lab work, ask your doctor or nurse practitioner to complete this form.</p> <p>If you need an appointment, call the number on the back of your member ID card or go to KP.org to schedule an appointment with your doctor.</p> <p> REMEMBER TO BRING THE FORM WITH YOU TO BE COMPLETED BY A KP CLINICIAN.</p> <p>*Only an OB visit within your 1st or 2nd trimester, pre-visit phone education session and prenatal labs completed between 7/1/21 and 6/31/22 will be eligible for the program incentive.</p>
<p>3</p>	<p>FINISH</p> <ul style="list-style-type: none"> • Please submit this completed form to ColoradoWellness@Cigna.com • The gift card will be awarded electronically via email from the State’s preferred vendor, Tango. • ACTION REQUIRED: Please confirm your acceptance or declination of the gift card by replying to the email you will receive from ColoradoWellness@Cigna.com after submitting this form. • Disclosure to note: The IRS requires State of CO to withhold taxes from gift cards. This additional withholding should appear on an upcoming pay stub. To ensure use, please activate your card within 4 months of receiving notification from Tango and use the balance within 7 months. Otherwise, you’ll lose the balance and we cannot refund the tax if that happens. <p>NOTE: To protect your privacy, Kaiser Permanente may <u>not</u> send the form to your employer.</p>
<p>?</p>	<p>QUESTIONS?</p> <ul style="list-style-type: none"> • For questions about your employer’s maternity incentive program, deadlines, etc., consult the program materials you’ve been provided or contact your employer’s Human Resources or Benefits office for more information. • If you’re having difficulty getting needed information from Kaiser Permanente or completing activities, contact Kaiser Permanente Rewards Customer Service at rewardscustomerservice@kp.org or 1-866-300-9867.

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Member's Personal Contact Information (not employer's)
Full Name:
Medical Record Number (MRN):
Street Address:
City, State, Zip:
Phone:

Kaiser Permanente Prenatal Services Confirmation		
	Date Tested	Expected Due Date
1 st Trimester OB Appt. and Prenatal Labs (pre-visit education session occurs prior to 1 st appt.)		
Only complete if member was not seen in the 1st trimester. 2 nd Trimester OB Appt. and Prenatal Labs (pre-visit education session occurs prior to 1 st appt.)		

Kaiser Permanente Confirmation
The above Kaiser Permanente member has completed the applicable first trimester prenatal labs.
Name _____ Title _____
Signature _____ Date _____
NOTE TO KAISER PERMANENTE PROVIDER <i>Due to privacy regulations, Kaiser Permanente may NOT send this form directly to employers, their administrators, or their vendors. This form may only be provided directly to the member.</i>

Employee / Member Instructions for Returning Form to Employer

(Kaiser Permanente may NOT send this form on behalf of employees. Employees must send the form themselves.)

- Please submit this completed form to ColoradoWellness@Cigna.com
- The gift card will be awarded electronically via email from the State's preferred vendor, Tango.
- **ACTION REQUIRED:** Please confirm your acceptance or declination of the gift card by replying to the email you will receive from ColoradoWellness@Cigna.com after submitting this form.