

MaineHealth
Works on Wellness

Future Moms Incentive Form

Employees and/or dependents who are enrolled in the MaineHealth health plan are eligible to receive a \$50.00 Babies R Us gift card if they enroll in the *Future Moms* program (administered by Anthem) when they become pregnant. To enroll in the program, please call 866-347-8360.

Please Provide

- **This form completed in its entirety**
- **A copy of your initial Future Moms enrollment letter or other proof of participation that includes your name and enrollment date.**
- **Both forms must be received within 3 months of your enrollment date to receive the incentive.**

Gift cards will be mailed within 2 weeks of receipt of this form and enrollment letter. If the program participant is the MaineHealth employee, IRS rules require WOW! to report the gift card amount as taxable income on your W2 form.

Employee Information

Name _____ Phone _____

Email _____ Job Title/Dept. _____

Anthem ID # _____

Mailing Address _____

Employer (please check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> HomeHealth Visiting Nurses | <input type="checkbox"/> Maine Medical Partners | <input type="checkbox"/> Lincoln County Healthcare |
| <input type="checkbox"/> Maine Mental Health Partners | <input type="checkbox"/> Waldo County Healthcare | <input type="checkbox"/> MaineHealth Corporate |
| <input type="checkbox"/> Western Maine Healthcare | <input type="checkbox"/> NorDx | <input type="checkbox"/> Maine Medical Center |
| <input type="checkbox"/> Southern Maine Medical Center | | |

Participant Information (if not the employee)

Name _____ Email _____

I certify that the information above is valid

Employee Signature _____ Date _____

Send completed form and proof of enrollment to:
MaineHealth WOW! 465 Congress Street, Suite 701, Portland, ME 04101
Or, fax to: 207-541-7548

Questions? Email: mainehealthwow@mainehealth.org or Call: 1-866-WOW-6090

Please keep a copy of this form for your records.

For Office Use Only

Date Reviewed _____ Reviewed By _____ Date Approved/Card Mailed _____