

# Pregnancy Alternative Request Form

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## Request Deadline

SimplyWell® must receive the Pregnancy Alternative Request form by: 9/1/2020

## Member Information (Please Print)

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First Name	Middle Initial	Last Name	Gender (Male/Female)
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Date of Birth (mm/dd/yyyy)	Email Address	Employer
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*By submitting, I verify that the information my representative or I have supplied is true and complete, and there has been no attempt made to knowingly provide any false, incomplete, or misleading information.*

By checking this box, I certify that I am pregnant. Once approved, an alternate pregnancy-specific program will be available to be completed.

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Member/Representative Signature

Date

You can submit your form in one of three ways: (1) via uploading to [connect.simplywell.com](http://connect.simplywell.com)

(2) via secure fax - (855) 292-8662, or (3) via mail using the address below.

Address: Attn: Screening Services Department, 10670 N. Central Expwy., Suite 250, Dallas, TX 75231