

Maternity Grant Request Form

Your patient is participating in The Heritage Group's Maternity Grant Program. If the employee or their spouse or dependent child is pregnant, the employee is eligible to receive Health Savings Account (HSA) funding to help cover the costs of prenatal care and delivery. Your signature on this form confirms that the patient listed in section 1 is pregnant as of today's date.

PHYSICIAN: Please complete Section 2 below and return to the patient.

Section 1: Participant information (to be completed by employee or eligible spouse/domestic partner)

Name (Please Print)	Date of Birth	
Address	City	State/Zip Code
If you are the spouse, domestic partner, or dependent child of the employee, print the name of the employee.		
Signature	Today's Date	

Section 2: Physician information (health care provider only)

Provider name (Please Print)	Provider Signature	Date
Signature confirms that the person listed above is pregnant as of the date on this form.		Expected Delivery Date

The completed form must be received prior to the delivery of the baby.

WORKDAY

Log into Workday and go to the *Request Absence* task to begin your leave request. Upload this form in the *Attachments* section of your request. For online assistance, go to the **Help** app and search for the *Request a Leave of Absence* article for step-by-step instructions.

EMPLOYEE HUB

Questions? Contact Employee Hub at 1-800-303-0408 or EmployeeHub@thgrp.com with questions about this form or how to request your leave of absence and upload the form in Workday.

