

## Montefiore Participation Reimbursement Form

### Incentive Offer# O388-04

To show our commitment to helping you achieve your weight loss goals and improve overall health, Montefiore employees are eligible for an additional reimbursement on already subsidized Weight Watchers programs.

**Complete this form and follow the instructions below to receive reimbursement.**

**1. Weight Watchers participant, fill out the following required information:**

Your Name:		Employee ID Number	
Address:		<i>Address where the reimbursement check is to be mailed</i>	
City		State	Zip
Email address:		Phone	

**2. Check the applicable Weight Watchers® program and participation criteria.**

*To receive reimbursement you must be a Weight Watchers member for a minimum of 3 months*

<input type="checkbox"/> Weight Watchers Meetings <input type="checkbox"/> Weight Watchers Online	
Purchase Date:	Reimbursement Amount:
<i>Please resubmit for reimbursement after each 12 weeks or 3 months of membership.</i>	
<input type="checkbox"/> Meetings: Submit this form every 12 weeks or 3 months of membership and attend at least 10 meetings in each 12 week / 3 month period	
<input type="checkbox"/> Online – Submit this form every 12 weeks or 3 months of membership, with a copy of your Monthly Summary Progress Report as proof of participation. <b>Log in to your account at <a href="http://www.weightwatchers.com">www.weightwatchers.com</a>: My Plan=&gt; Weight Tracker=&gt; Progress Reports=&gt; Monthly Summary Tab</b>	

**3. Attach Proof of Purchase** with this form by logging into your account at [www.weightwatchers.com](http://www.weightwatchers.com) and printing a copy of your billing history (Account Settings => Account Status => Print Billing History). Other acceptable forms of Proof of Purchase include a check stub, credit card statement or Weight Watchers receipt.

**4. Meetings Members - Weight Watchers Leader/Receptionist signature required to verify your attendance:**

I certify that this Member has attended the minimum number of meetings indicated above.		
_____ Weight Watchers Leader/Receptionist Signature	_____ Meeting Name / Location Number	_____ Date

**5. Submit completed form and associated documentation**

**Email:** [WeightWatchersRebates@callTSC.com](mailto:WeightWatchersRebates@callTSC.com)

**Fax :** 1-888-598-7704

**Or Mail:**

Weight Watchers Reimbursement Center

Offer # O388-04

PO Box 800195

Houston, TX 77280-9970

**By providing the information above and submitting this wellness incentive form, you acknowledge and agree to the following Terms and Conditions:** Request form must be fully completed. **Keep copies of all material submitted.** Weight Watchers is not responsible for lost, late or misdirected mail. Wellness incentive checks are ordinarily processed within 30 days of receipt. All rights to any earned wellness incentives are voided upon your separation from employment. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. To track reimbursement log onto: [www.checkyourrebate.com/montefiore](http://www.checkyourrebate.com/montefiore).