

**Weight Watchers Quarterly Reimbursement Request Form**

**I. Identification - The following identification information is required in order for us to process your reimbursement. Please email this form, as well as proof of your Weight Watchers monthly payments for the last quarter, to the NGC WW Reimbursement Center ([ngcwwreimburse@ngc.com](mailto:ngcwwreimburse@ngc.com)):**

Date of Request/Employee Name		
MyID/Email Address		
Weight Watchers Program: (Circle or Hi-Lite one)	Monthly Pass Program	Online Program
'At Work' Program Campus Location (as applicable)		

**II. Program Assessment -To ensure the quality of this program, please rate the following statements on a scale of 1–5: 5=strongly agree      4=agree      3=neither agree nor disagree      2=disagree      1=strongly disagree**

Questions	5	4	3	2	1	N/A
The program is positive, supportive, and encouraging.						
The instructor is effective as a presenter and teacher. (Monthly Pass and At Work Participants only)						
The program provides me with useful strategies I can apply in my life.						
I am satisfied with this program.						
I will continue to participate in this program.						
I would recommend participation in this program to a colleague.						
I feel that the Weight Watchers program offered at Northrop Grumman is a valuable benefit.						

**Did the Weight Watchers Program meet your expectations?**

**What did you like most about the Weight Watchers program?**

**Are there any suggestions you have to enhance the Weight Watchers program offered at Northrop Grumman?**