



Monterey County Schools Insurance Group

Health Promotion Program

APPLICATION FORM

Yes, I'm committed to achieving a healthy weight that is right for me! Please register me for the MCSIG Healthy Weight Incentive Program.

Name:	Social Security #: / /
Address:	
Home Telephone: ()	Employer:

I understand that in order to qualify for the MCSIG reimbursement of half of my Weight Watchers' first 10-week series fee (\$54.75) or 12-week series fee (\$65.70) and 25 percent off my next two 10-week (\$27.37) or 12-week (\$32.85) series, I must meet the following criteria:

- 1) **You must be a MCSIG member over age 18.**
- 2) **You must be significantly overweight** and have a Body Mass Index (BMI) score of 27 or over (see reverse for BMI table).
- 3) **You must submit this Healthy Weight Incentive Program application** and receive approval from MCSIG prior to starting your Weight Watchers sessions. The program is restricted to the first 150 MCSIG members.
- 4) **Once you are approved**, you must attend 80% of the classes (8 out of 10 or 10 out of 12) to qualify.
- 5) **You must send a copy of your Weight Watchers participant card** to the Health Promotion Coordinator showing your attendance dates and beginning and ending weight.
- 6) **You must lose** at least 5 lbs. per 10 or 12-week series.
- 7) **You must agree to be contacted** at one year to verify your "end of the program" weight in order to receive the remaining 50% of the first series program fee.
- 8) **You must agree to not receive** more than 100% of the Weight Watchers program fees from all sources. Total reimbursement is limited to \$131.40 per calendar year.

Your current weight _____ Height _____ BMI _____

Signature _____

BODY MASS INDEX (BMI) ON REVERSE 

Date _____

Please mail or fax this application to Neil Hertsch, MCSIG Health Promotion Coordinator at 76 Stephanie Dr, Salinas, CA 93901
(831) 755-0161 and FAX (831) 755-0172 **Web site: www.mcsig.com**