



Monterey County Schools Insurance Group

Wellness 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 50% of my Weight Watchers at Work first 13-week series fee (\$78.00) or 17-week series fee (\$93.00) and 25% of my next two 13-week (\$39.00) or 17-week (\$46.50) series, I must meet the following criteria. In addition, if you choose to attend classes at a Center, MCSIG will reimburse \$19.97 per month (50%) for the first 4 months at the Center and \$9.98 for the next 8 months if you meet and agree to the criteria below.

- 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 (e.g., 13 out of 17 classes) to qualify.
- 5) **You must send a copy of your Weight Watchers participant card** to the MCSIG Wellness Program showing your attendance dates and beginning and ending weight.
- 6) **You must lose** at least 5 lbs. per 13 or 17-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 \$186.00 per calendar year.

Your current weight _____ Height _____ BMI _____

Signature _____ Date _____

Please fax this application to the MCSIG Wellness Program
Fax: 755-0172 Web site: www.mcsig.com Phone: 755-0161

BODY MASS INDEX (BMI) ON REVERSE 