

Reimbursement Form for Weight Watchers® Program



Note: This form should only be completed by Medical Mutual members who participated in their employers' At Work Meetings or by covered dependents ages 13 to 17 who attended Community Meetings.

Complete a Weight Watchers series and we will reimburse you part of your enrollment fees.

The amount you are reimbursed depends on which series you purchase. Amounts include \$50 or \$75. You can be reimbursed up to \$150 each calendar year.

To be reimbursed, complete this form and attach proof of payment. Submit to Medical Mutual for processing. We will mail you a check within 60, days if approved.

Member Information		
Name (First and Last)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	ID Number (as it appears on your ID card)	
Address (City)	State	ZIP
Email Address	Phone Number	
Please verify the following: <input type="checkbox"/> I completed At Work Meetings <input type="checkbox"/> 10 of 12 <input type="checkbox"/> 14 of 17 <input type="checkbox"/> I completed Community Meetings <input type="checkbox"/> 10 of 12 <input type="checkbox"/> 14 of 17 (covered dependents ages 13 to 17)	Series Start Date	
	Series End Date	

Results for Current Series
We will return incomplete forms. All information will remain private. During this series: My starting weight was: _____ lbs My ending weight was: _____ lbs My height is: _____ feet _____ inches I enrolled in this series to: <input type="checkbox"/> Lose weight <input type="checkbox"/> Maintain weight

See reverse for reimbursement requirements.

Weight Watchers is a registered trademark of Weight Watchers International.

Reimbursement Requirements

Before submitting this form, please confirm you:

- Were an active Medical Mutual member at the start of the series through the time we receive the reimbursement form.
- Attended or completed the minimum number of meetings: You completed at least 10 meetings in a 12-week series or 14 meetings in a 17-week series.
- Filled out this form completely. This includes sharing your results with us. We will not accept incomplete forms.
- Had your Weight Watchers leader sign and validate the reimbursement form (see below), or submitted your weekly weight logs for an Online series.
- Provided proof of payment with this form. Proof of payment could include:
 - Weight Watchers receipt from your leader
 - Canceled checks from your bank or financial institution
 - Copies of three or four consecutive credit/debit statements
 - Copies of three or four consecutive monthly passes
 - Printout of your Weight Watchers account payment history

Note: Include proof of payment made for you by your employer or any promotional discounts you received from Weight Watchers, if applicable. The envelope must be postmarked within 90 days of your series end date.

Participant or Parent/Guardian Signature

Date

Submit Reimbursement Materials

Mail to: Medical Mutual

Fax to: (888) 219-8693

Email to: WeightWatchers@MedMutual.com

Weight Watchers Program

MZ: 01-5B-7500

2060 East Ninth Street

Cleveland, OH 44115

- You will receive your reimbursement check within 60 days after we receive your form.
- To print another form, log in to My Health Plan at MedMutual.com/member. Click Healthy Living then Weight Watchers.
- If you have questions about your reimbursement, email us at WeightWatchers@MedMutual.com or call (800) 251-2583.

To Be Completed by the Weight Watchers Leader

Participant completed: At Work Meetings 10 of 12 14 of 17
 Community Meetings 10 of 12 14 of 17
 (covered dependents ages 13 to 17)

The participant has completed the above-checked series. My signature verifies meeting series attendance.

Leader's Signature

Date

Leader's Name (Print)

Location Number