Reimbursement Form for Weight Watchers Program

Receive reimbursement toward your enrollment fees when you complete a Weight Watchers At Work or Community Meeting series. The Community Meeting reimbursement offer only applies if you called 866.204.2878 to enroll before beginning the program.

Reimbursement is issued in $35 or $50 increments (partial reimbursement is not available) based on the meeting series purchased and cannot exceed $150 per calendar year. You must complete this form and submit it to receive a reimbursement check, which will be mailed within 60 days of approval.

<table>
<thead>
<tr>
<th>Name: (Print)</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Address: (Street)</td>
<td>Phone:</td>
</tr>
<tr>
<td>(City)</td>
<td>(State)</td>
</tr>
<tr>
<td>(ZIP)</td>
<td></td>
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</tbody>
</table>

Session Start Date: ____________________
Session End Date: ____________________

Results for Current Session

Note: Incomplete forms will be returned. All information will remain confidential.

**During this session, what was your...**
- Starting weight? ______ lbs
- Mid-point weight? ______ lbs
- Ending weight? ______ lbs
- Height? _____ feet _____ inches

**Would you say that your eating habits have...**
- [ ] Greatly Improved
- [ ] Improved
- [ ] Stayed about the same
- [ ] Declined
- [ ] Greatly Declined

**Would you say that your overall health status has...**
- [ ] Greatly Improved
- [ ] Improved
- [ ] Stayed about the same
- [ ] Declined
- [ ] Greatly Declined

**How satisfied were you with your progress during this session?**
- [ ] Very Satisfied
- [ ] Satisfied
- [ ] Neither satisfied or dissatisfied
- [ ] Dissatisfied
- [ ] Very Dissatisfied

**How satisfied were you with the Weight Watchers program during this session?**
- [ ] Very Satisfied
- [ ] Satisfied
- [ ] Neither satisfied or dissatisfied
- [ ] Dissatisfied
- [ ] Very Dissatisfied

**Would you recommend Weight Watchers as an effective weight management program?**
- [ ] Yes
- [ ] No

See reverse.
Checklist for Reimbursement Requirements

All of the following must be completed. Please confirm you:

- Called 866.204.2878 to enroll in the Community Meeting program only.
  - Or
  - Enrolled in an At Work Meeting series.

- Were an active member of Medical Mutual and its Family of Companies at the start of the session through the time we receive the reimbursement form.

- Attended at least the minimum number of meetings:
  - Community Meetings: 11 in a 13-week voucher session or 11 weekly meetings in a consecutive three-month session.
  - At Work Meetings: Nine meetings in a 10-week session or 11 weekly meetings in a consecutive three-month session.

- Filled out the reimbursement form completely, which includes sharing your results with us. Incomplete forms will not be processed for reimbursement.

- Had your Weight Watchers Leader sign and validate the reimbursement form (see below).

- Attached proof of payment:
  - Copies of three consecutive credit/debit statements, copies of three consecutive monthly passes or a printout of your Weight Watchers account payment history. If you purchased vouchers, you can submit the portion titled Weight Watchers Staff Only. Include any payment made on your behalf by your employer.

Participant’s Signature: __________________________ Date: __________________________

Mail to

Medical Mutual
Weight Watchers Program
MZ: 01-5B-7500
2060 E. 9th Street
Cleveland, OH 44115

- The envelope must be postmarked within 60 days of your session end date.
- You will receive your reimbursement check in approximately 60 days.
- For information about our Weight Watchers Reimbursement Program or to print an additional reimbursement form, log onto My Health Plan at:
  - MedMutual.com/Health/WeightMgmt
  - ConsumersLife.com/Health/WeightMgmt
  - CarolinaCarePlan.com/Health/WeightMgmt

To be completed by your Weight Watchers Leader

Participant completed:

Community Meetings: ☐ 11 in a 13-week voucher session. ☐ 11 weekly meetings in a consecutive three-month session.
At Work Meetings: ☐ Nine meetings of a 10-week session. ☐ 11 weekly meetings in a consecutive three-month session.

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

Leader’s name (Print) __________________________ Leader’s signature __________________________

Location # __________________________ Date __________________________