



## WW Reimbursement Form



BD reimburses 100% of the cost of WW membership for employees who meet criteria listed below.

**Complete this form and follow the instructions below to receive reimbursement.**

**1. WW participant, fill out the following required information:**

<b>Member Name:</b>																			
<b>WW's Unique Validation ID:</b>																			
<b>Employee ID</b>						<b>2-Digit Birth Year</b>		<b>Member's First Name</b> Up to maximum of 12 characters											
<b>Address:</b>																			
<b>City:</b>										<b>State:</b>			<b>Zip:</b>						
<b>Email address:</b>												<b>Phone:</b>							

**2. Check the applicable WW® program and participation criteria.**

*To receive reimbursement, you must be a WW member for a minimum of 12 weeks.*

<input type="checkbox"/> WW Digital + Workshops	<input type="checkbox"/> WW Digital
Purchase date range (12 weeks for which you are requesting reimbursement): _____ - _____	
<i>Claim must be submitted within 90 days of the purchase end date.</i>	
<input type="checkbox"/> Workshops: Track 10 weeks in a 12 week period	
<input type="checkbox"/> Digital: Track 10 weeks in a 12 week period	

**3. All Members** – Submit a copy of your Weight Tracker as proof of participation.

**Log in to your account at [www.ww.com](http://www.ww.com) and click on “Weight” (the scale icon) to access your weight tracker.** Please note: you can black out your weight by hand if you prefer to not include the measurement on the form.

**4. Submit proof of purchase with this form.**

**All Members:** Log in to your account at [www.ww.com](http://www.ww.com) and print a copy of your billing history by following this path:

**Account Settings => Account Status => Print Billing History.**

**Other payment options (for franchise locations):** credit card or bank statement, check stub, or WW receipt

**5. Submit completed form and associated documentation**

**Email:** WWRebates@callTSC.com

**Fax:** 1-888-663-0125

**Mail:** WW Reimbursement Center

Offer # O268-01

PO Box 800195

Houston, TX 77280-9970

By providing the information above and submitting this wellness incentive form, you acknowledge and agree to the following Terms and Conditions: *Request form must be fully completed. Keep copies of all material submitted. WW is not responsible for lost, late or misdirected mail. Wellness incentive reimbursements are ordinarily processed within 90 days of receipt via payroll. All rights to any earned wellness incentives are voided upon your separation from employment. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice.*

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