



Wellness Reimbursement Form

Incentive Offer# 45810-869



Duke Energy is pleased to reimburse you 75% (less applicable payroll taxes) for participating in a WW plan. To qualify and receive a reimbursement, you must complete this reimbursement form, provide the applicable proof of purchase and meet the following requirements, as applicable:

- Only active employees, spouses/domestic partners, and dependent children (18+) are eligible.
- Duke Energy employees must be an active employee at the time this form is submitted for the employee and/or their eligible dependents to receive a reimbursement.
- You must be a WW member for a minimum of three (3) months.
- Forms must be submitted every three (3) months that you are active in the program; a maximum reimbursement of \$500 per submission applies. Employees, spouses/domestic partners, and dependents can submit separate documentation in the same envelope.

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

Your Name:	Employee ID:	Purchase Date:
Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Dependent (18 or older)		
Street Address:		
City:	State:	Zip:
Email address:		Phone:

2. Check the applicable WW program and review the participation criteria needed for reimbursement.

<input type="checkbox"/> Digital + Workshops (\$85.98; \$28.66 per month)	<input type="checkbox"/> Digital (\$38.16; \$12.72 per month)
Regardless of membership type, after 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com : Track your weight → Progress reports → Monthly summary tab.	

3. Attach proof of purchase with this form. Log Into your account at www.weightwatchers.com and print a copy of your billing history **Account Settings → Account Status → Print Billing History**, or include a copy of a check stub, credit card statement or WW receipt

4. Submit completed form and required documentation to:

Email: WWRebates@callTSC.com
Fax: 1-888-663-0125
Mail: WW Reimbursement Center
Offer # 45810-869
PO Box 80019
Houston, TX 77280-9970

By providing the information above and submitting this Wellness reimbursement 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. Reimbursements are ordinarily processed within 30 days of receipt. All rights to any earned reimbursements are voided upon your separation from employment. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. To track reimbursement log onto: www.checkyourrebate.com/dukeenergy

Participant Signature

Date