



Wellness Reimbursement Form

Incentive Offer# O2017

White Cap is providing a 50% reimbursement for WW Unlimited + Workshop, Digital 360, or Digital Program participation.

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

1. WW Participant, fill out the following required information

Your Name:	Employee Member ID:	Purchase Date:
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Adult Dependent		
Member Address: <i>Address where the reimbursement check is to be mailed</i>		
City:	State:	Zip:
Email address:	Phone:	

2. Check the applicable WW program and participation criteria.

To receive reimbursement, you must be a WW member for a minimum of 3 months

<input type="checkbox"/> Unlimited Workshops + Digital <input type="checkbox"/> Digital 360 <input type="checkbox"/> Digital	Reimbursement Amount: _____
<input type="checkbox"/> Unlimited Workshops + Digital Attendance: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. You must track at least 10 weeks. Log into your account at www.weightwatchers.com : Track your weight->Progress reports->Monthly summary tab	
<input type="checkbox"/> Digital 360: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. You must track at least 10 weeks. Log into your account at www.weightwatchers.com : Track your weight->Progress reports->Monthly summary tab	
<input type="checkbox"/> Digital: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. You must track at least 10 weeks. 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 associated documentation

Email: WWRebates@callTSC.com

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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.** Reward offer is valid for WW programs beginning on or after January 1, 2009. Eligibility includes employees, spouses and adult dependents. WW is not responsible for lost, late or misdirected mail. Wellness incentive checks are ordinarily processed within 30 days of receipt. 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. To track reimbursement log onto: www.checkyourrebate.com/WhiteCap