



# Wellness Incentive Form

Incentive Offer# O324

General Dynamics IT is providing a wellness Incentive for benefits-eligible employees participating in WW.

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

1. WW Participant, fill out the following required Information

Your Name:	Employee ID:	Purchase Date:	
Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent (18 or older)			
Employee 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	Rebate Amount: _____
<input type="checkbox"/> <b>Unlimited Workshops + Digital</b> Track weight 9 times in a 12 week period. After 12 weeks, submit a copy of your <b>Weight Tracker Monthly Summary Progress Report</b> as proof of participation. Log into your account at <b>www.weightwatchers.com</b> and click on <b>“Weight”</b> to access your Weight Tracker monthly journey. Please note: you can cross out your weight if you prefer not to include the measurement on the form.			
<input type="checkbox"/> <b>Digital &amp; Digital 360:</b> Track weight 9 times in a 12 week period. After 12 weeks, submit a copy of your <b>Weight Tracker Monthly Summary Progress Report</b> as proof of participation. Log into your account at <b>www.weightwatchers.com</b> and click on <b>“Weight”</b> to access your Weight Tracker monthly journey. Please note: you can cross out your weight if you prefer not to include the measurement on the form.			

3. Attach proof of purchase with this form. Log Into your account at [www.weightwatchers.com](http://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

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

**Mail:** WW Reimbursement Center

Offer # O324

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 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/gdit](http://www.checkyourrebate.com/gdit)