



### Wellness Incentive Form: Gap Inc. & WW

Reimbursement Offer for Gap Inc.—Client #40902  
Reimbursement Offer Number: #789-4092

To qualify for 50% reimbursement, you must be an active Gap Inc. full-time employee and provide proof of participation as follows— logging your weight 12 out of 13 weeks.

**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		
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 review the participation criteria. *To receive reimbursement, you must be a WW member for a minimum of 3 months.*

<input type="checkbox"/> Digital (\$25.44; \$8.48/month)	<input type="checkbox"/> Digital 360 (\$38.25; \$12.75/month)	<input type="checkbox"/> Unlimited Workshops + Digital (\$57.33; \$19.11/month)
<input type="checkbox"/> Digital: Attach a Copy of Your Weight Progress Report as proof of participation. <b>Log into your account at <a href="http://ww.com">ww.com</a>: Track your weight-&gt;Your Weight Progress reports-&gt;3 month summary tab</b>		
<input type="checkbox"/> Digital 360: Attach a Copy of Your Weight Progress Report as proof of participation. <b>Log into your account at <a href="http://ww.com">ww.com</a>: Track your weight-&gt;Your Weight Progress reports-&gt;3 month summary tab</b>		
<input type="checkbox"/> Unlimited Workshops + Digital: Attach a Copy of Your Weight Progress Report as proof of participation. <b>Log into your account at <a href="http://ww.com">ww.com</a>: Track your weight-&gt;Your Weight Progress reports-&gt;3 month summary tab</b>		

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](mailto:WWRebates@callTSC.com)

**By providing the information above and submitting this wellness incentive form, you acknowledge and agree to the following Terms and Conditions:** Reimbursement offer is valid only if you are still a Gap Inc. employee at time of completion of 12 weeks for the 12 week meetings. Please note: the reimbursement amount is considered taxable income and will be reported to payroll. *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. Check the status of your refund at [www.ckeryourrebate.com/gap](http://www.ckeryourrebate.com/gap)*