



**WEIGHT WATCHERS REIMBURSEMENT FORM
FOR ON-LINE PARTICIPANTS**

Date On-Line Subscription started _____.

Date 3-month period ended _____.

In order to be eligible for 100% reimbursement, employee must lose a minimum of 6 pounds within a 3-month period.

I _____, confirm that I have lost a minimum of
(Please print employee name)

6 pounds and have therefore met the above requirement for 100% reimbursement (less applicable taxes).

Employee Signature

Date