



# Wellness Incentive Form

Incentive Offer# 821-02

Reyes Holdings, L.L.C. is providing a wellness Incentive for benefits-eligible employees and their spouse or dependents (age 18 or older) participating in WW.

**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 <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:

1. WW Participant, fill out the following required Information

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"/> Digital + Workshops	<input type="checkbox"/> Digital	Reimbursement Amount: _____
<input type="checkbox"/> <u>Digital + Workshops Attendance</u> : 9 Workshops in a 12 week / 3-month period ( <b>sign below to self-attest</b> )		
<input type="checkbox"/> <u>Digital</u> : After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. <b>Log into your account at <a href="http://www.weightwatchers.com">www.weightwatchers.com</a> : Track your weight-&gt;Progress reports-&gt;Monthly 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. Digital + Workshop Members

Digital + Workshops members <b>only</b> : I certify that I have attended the minimum number of workshops indicated above.		
_____	_____	_____
WW Participant signature	Virtual Workshop/Studio Name	Date

5. Submit completed form and associated documentation

Email: [WWRebates@callTSC.com](mailto:WWRebates@callTSC.com)

Fax: 1-888-663-0125

Mail: WW Reimbursement Center

Offer # 821-02

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.**

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