Wellness Incentive Form Incentive Offer# 0261-04

All Bosch employees are eligible for the WW discounted rates, subsidy, and reimbursement. Spouses and domestic partners can only sign up for the WW discounted rates.

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: ☐Self		
Employee Address: *Address where the reimbursement check is to be mailed*		
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*

☐Unlimited Workshops + Digital	☐Digital 360	☐Digital	Rebate Amount: _____

☐ Unlimited Workshops + Digital Attendance: Track weight 10 times in a 12 week period. After 12 weeks, submit a copy of your Weight Tracker Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com and click on "Weight" 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.

☐Digital 360: Track weight 10 times in a 12 week period. After 12 weeks, submit a copy of your Weight Tracker Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com and click on "Weight" 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.

☐Digital: Track weight 10 times in a 12 week period. After 12 weeks, submit a copy of your Weight Tracker Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com and click on "Weight" 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 and print a copy of your billing history **Account -> Settings -> Account & Billing,** 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 # 0261-04
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/robertbosch.

The WW Coin Logo is the registered trademark of WW International, Inc.
©2021 WW International, Inc. All rights reserved.