



Wellness Incentive Form Reimbursement Offer # 875-01

Travelers is pleased to reimburse you 100%* of your membership fees for your successful participation in a WW plan! To qualify for this reimbursement, you must have achieved a 10% weight loss, or goal, whichever came first as well as meet the workshop attendance requirement. Simply fill out this form in its entirety, attach the applicable materials, and then submit as directed within 31 days of achieving 10% weight loss, or goal, and attendance requirement. Only active employees enrolled through the Travelers program may submit for reimbursement. Reimbursement will be made via payroll and is considered taxable income.

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

1. WW participant, fill out the following required information:

Your Name		Employee ID			
Employee Address					
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 and have achieved 10% weight loss or goal weight, whichever comes first, and meet the participation requirements below:

<input type="checkbox"/> Premium		<input type="checkbox"/> Core		Reimbursement Amount* _____	
Reimbursement Request Period:		Start Date _____		End Date _____	
<input type="checkbox"/> Premium - Attendance: 3 consecutive months of workshops <input type="checkbox"/> Core- After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. Log in to your account at www.weightwatchers.com: Track Your Weight => Progress Reports => Monthly Summary tab					

*WW fee reimbursement is limited to a lifetime maximum of 12 months, up to a maximum refund for workshops of \$307.32

3. Attach Proof of Purchase with this form.

Log in to your account at www.weightwatchers.com and print a copy of your billing history (**Account Settings => Account Status => Print Billing History**), or include a detailed WW receipt. (Cancelled checks and credit card receipts are not valid forms of Proof of Purchase)

4. Premium Members - WW Coach/Wellness Guide signature required to verify your attendance:

I certify that this Member has achieved 10% weight loss or Goal Weight and attended the minimum number of workshops indicated above.		
WW Coach/Wellness Guide Signature	Workshop Name / Location Number	Date

5. Submit completed form & required documentation to:

Email: WeightWatchersRebates@callTSC.com

Fax: 1-888-663-0125

Mail:

WW Reimbursement Center

Offer # 875-01

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/travelers

Submissions with incomplete forms or insufficient documentation will be returned and may delay the processing of your refund.