



WeightWatchers Reimbursement Form

Meeting Location _____

Start date _____

End date _____

Type of membership _____

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

I, _____, confirm that I have lost a minimum of 6 pounds and have therefore met the above requirement for 100% reimbursement (less applicable taxes).

Employee Signature and Date