



Reimbursement Form

Reimbursement Offer# 861-01
2023

Northwell health is providing a 50% reimbursement* to employees for participating in WW.

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:	
Address: <i>Address where the reimbursement check is to be mailed</i>			
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*

<input type="checkbox"/> Premium (formerly Digital + Workshops)	<input type="checkbox"/> Core (formerly Digital)	Rebate Amount: _____
<input type="checkbox"/> Premium Attendance: 10 Workshops in a 12 week / 3-month period <input type="checkbox"/> Core: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com : Track your weight -> Progress reports -> Monthly summary tab		

3. Attach and submit 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 Status->Print Billing History**, or include a copy of a check stub, credit card statement or WW receipt

4. Digital + Workshop Members - WW Coach/Wellness Guide signature required to verify your attendance. **May not be applicable due to COVID-19. If attended Virtual Workshops, bypass Coach/Guide signature and provide the dates of the 10 Workshops attended on a separate piece of paper. This can be a mix of In-person and Virtual Workshops.**

I certify that this Member has attended the minimum number of workshops indicated above.		
_____ WW Coach/Wellness Guide signature	_____ Workshop Name / Location Number	_____ Date

5. Submit completed form and associated documentation

Email: WWRebates@calITSC.com

Fax: 1-888-663-0125

Mail: WW Reimbursement Center

Offer #861-01

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 check your rebate, visit www.com/checkyourrebate.com/northshorelij*

*Taxes may apply.