

Reimbursement Offer for Weight Watchers® Offerings
Reimbursement Offer #: 40905



Welcome **HealthPlus of Michigan Members!**

HealthPlus of Michigan offers a **50%** reimbursement of your costs for joining a Weight Watchers meeting, Online subscription or At Home Kit upon showing proof of participation in a minimum of 10 weeks of your Weight Watchers plan!

To receive your Weight Watchers reimbursement you must complete this form (maximum reimbursement is \$83):

1. Check the applicable Weight Watchers® offering for which you are requesting a reimbursement:

Weight Watchers Meetings:

Weight Watchers Online / At Home Kits:

Local Meeting At Work meeting

For verification of completion, please check the applicable item below:

Meeting Attendance - a minimum of 10 weekly meetings

Online Subscription At Home Kit

For verification, complete a minimum of 10 weeks of your offering. Please check the applicable item below:

Online (send in Account Status Page- to get Account Status, visit My Profile)

At Home Kit (send in receipt)

2. Total amount paid for the services purchased: \$ _____ .

3. For verification of meeting attendance please send proof of payment (**the receipt from your local meeting, with the amount representing meeting services circled**).

4. For meeting attendance, it is required that your Weight Watchers Leader or Receptionist complete the below certification:

I certify that _____ has purchased a ____ week series at a price of \$ _____ , and has participated in a minimum of 10 weekly meetings.

Weight Watchers Leader/Recept. Signature

Meeting Name or
Location Number

Date

5. Mail this completed form, along with proof of payment, to the following address:

Weight Watchers Reimbursement Center
Offer# 817
PO Box 800195
Houston, TX 77280-9970

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Weight Watchers is not responsible for lost, late or misdirected mail. Allow 4-6 weeks for reimbursement. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice.*

***Required**

HealthPlus Member or Employee to complete¹:

Weight Watchers Participant Name*: _____

Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Email Address: _____ Phone: _____
(must be included to track submission and request information)

Employer/Company: _____ HealthPlus Member Number*: _____

¹ The information submitted on this form will not be used for any purpose other than for the processing of this reimbursement. You can check on the status of your reimbursement any time by logging onto: www.checkyourrebate.com/healthplus