

PLEASE  
 DO NOT  
 STAPLE  
 IN THIS  
 AREA



**WEIGHT WATCHERS® REIMBURSEMENT FORM**

1. Participant's first name: _____  Participant's last name: _____	2. Participant date of birth: Month      Day      Year <table border="1" style="width:100%; height: 20px; margin-top: 5px;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>				4. Member's ID #: _____	
5. Member's first name: _____  Member's last name: _____	3. Relation to Member: Self   Spouse   Child   Other <table border="1" style="width:100%; height: 20px; margin-top: 5px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>					
6. Member's Address: _____ _____						

**Reimbursement :**

- is based on attendance and payment of program costs
- will not be greater than 50% of amount paid-to-date by member
- is based on a minimum of 5 meetings attended and or at end of program if less than 5 remaining

NOTE: Reimbursement checks will be made out to the member and mailed to his/her home address.

Program Location: \_\_\_\_\_

Program Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Program Start Date: \_\_\_/\_\_\_/\_\_\_

Choose one program and complete program information box:

**Weight Watchers at Work or Pre-Paid Commitment Program**

Total Paid: \$ _____	Number of Weeks: _____	Leader Signature: _____
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**Weekly Payment Program**

Registration Fee: \$ _____	Leader Signature: _____
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**Meeting Attendance Record**

<u>Date</u>	<u>Weight Watchers® Leader verifying attendance (print and sign name)</u>	<u>Weekly Paid Amount* (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* The benefit covers PROGRAM COSTS ONLY (not books, scales, meals, etc.)  
 OSU Managed Healthcare Systems, Inc. reserves the right to verify attendance and payment of services in the program before reimbursement of benefit.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

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