

Wellness Incentive Form

Incentive Offer# O268-01

BD is providing a wellness incentive for benefits-eligible associates.

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

| Your Name: | Employee ID: | | | Purchase Date: | |
|---|--------------|--|--|----------------|------|
| Employee Address: | | | | | |
| Address where the reimbursement check is to be mailed | | | | | |
| City: | | | State: | | Zip: |
| Email address: | | | | Phone: | |
| 1. WW Participant, fill out the following required Information | | | | | |
| 2. Check the applicable WW program and participation criteria. To receive reimbursement, you must be α WW member for α minimum of 3 months | | | | | |
| □ Digital + Workshops □ Digital Rebate | | | Amount: | | |
| □ Digital + Workshops Attendance: 9 Workshops in a 12 week / 3-month period □ Digital: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. | | | | | |
| Log into your account at <u>www.weightwatchers.com</u> : Track your weight->Progress reports->Monthly summary tab | | | | | |
| 3. Attach 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 | | | | | |
| I certify that this Member has attended the minimum number of workshops indicated above. | | | | | |
| | | | | | |
| | | | | | |
| VW Coach/Wellness Guide signature Workshop Name / Location Number | | | | Date | |
| Email: WWRebates@callTSC.comacknowledgeFax: 1-888-663-0125fully completeMail: WW Reimbursement Centerlate or misdOffer # 0268-01days of recePO Box 800195separation of and terms of onto: | | | Ing the information above and submitting this wellness incentive form, you dige and agree to the following Terms and Conditions: Request form must be leted. Keep copies of all material submitted. WW Is not responsible for lost, directed mail. Wellness incentive checks are ordinarily processed within 30 ceipt. All rights to any earned wellness incentives are voided upon your of from employment. Void where prohibited or restricted by law. Availability of reimbursement may change without notice. To track reimbursement log | | |