



WW (formerly Weight Watchers) Reward Request Form

Complete this form **in full** to receive your reward.
 The participant must be on the University Health Plan.
 The reward will be taxed and included in the employee's paycheck.
 Reimbursement requests must be submitted within one year of today's date.
 Please submit for reimbursement every 3 months.

1. Name of WW® Participant: _____ [] Employee [] Spouse

2. Check the applicable WW® offering and send required proof of payment as noted:

Purchase date range (12 weeks for which you are requesting reward): _____

[] Monthly Pass* – Must attend a minimum of 10 meetings in a 12 week period.

- Proof of payment – Account Status Page on the WW website.
- *You can find Proof of Payment on the WW website - under account settings – print bill history. Please circle the reimbursement months.*
- Signature of WW Coach or Guide (**in box below**).

[] Online Subscription* - completed a minimum of 3 months of the online subscription.

- Proof of payment - Account Status Page for the Online Subscription (to get Account Status, visit My Profile)
- *You can find Proof of Payment on the WW website - under account settings – print bill history. Please circle the reimbursement months.*

**Participants enrolled in the monthly pass program may not submit reward requests for the online program.*

3. Return completed form and proof of payment, via fax to 434-924-4486, via email to hooswell@virginia.edu, or via mail to UHR Benefits Division, Weight Watchers Reward, PO Box 400127, Charlottesville, VA 22904-4127

Employee to Complete – Please Print

By providing this information and submitting this reward request form, you acknowledge and agree to the following Terms and Conditions: *Request form must be fully completed. Keep copies of all material submitted. The reward will be included in the subscriber's paycheck and will be taxed. Void where prohibited or restricted by law. Availability and terms of incentive may change without notice. The information on this form will not be used for any employee specific purpose other than processing the reward.*

Employee Name: _____ Employee ID: _____

Email Address: _____ Employee Phone: _____

Are you a Medical Center or Academic employee? _____

Bi-Weekly or Monthly: _____

Employee Signature: _____ Date: _____

Monthly pass members only: I certify that this member has attended a minimum of 10 meetings in a 12 week period.

WW Coach/Guide Signature: _____ **Date:** _____