



Wellness Incentive Form

Incentive Offer# [811-01]

Sherwin-Williams is providing a wellness Incentive for benefits-eligible employees and their spouses/domestic partners and dependents (age 18 or older) participating in WW. You may receive an 80% reimbursement (up to \$200 annually) if all requirements are met.

WW must receive your reimbursement form within 90 days of program completion.

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:	
Relationship to Employee: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent (18 or older)			
Employee 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"/> Digital + Workshops	<input type="checkbox"/> Digital	Rebate Amount: _____
<input type="checkbox"/> Digital + Workshops Attendance: 10 Workshops in a 12 week / 3-month period		
<input type="checkbox"/> Digital: Track weight 10 times in a 12 week period. After 12 weeks, 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 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.		
----- WW Coach/Wellness Guide signature	----- Workshop Name / Location Number	----- Date

5. Submit completed form and associated documentation

Email: WWRebates@callTSC.com

Fax: 1-888-663-0125

Mail: WW Reimbursement Center

Offer # 811-01

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 track reimbursement log onto: www.checkyourrebate.com/sherwinwilliams.*