

FITNESS REIMBURSEMENT FORM – WEIGHT WATCHERS



1. Complete the Associate Information & Signature portion of the form. Please check which Weight Watchers Program you participate in and the monthly cost for that program.
2. **Include with this form a receipt of your payment or a copy of your contract for proof of purchase.**
3. Return this form and proof of purchase to the Benefits Department by January 31 each year or within 30 days of signing up for Weight Watchers.

NOTES:

- Weight Watchers Reimbursements are made on a monthly basis and are contingent to the submission of monthly proof of purchase. Proof of purchase can be a receipt, bank statement showing withdrawal for Weight Watchers, or confirmation of payment. If you have questions on whether certain documentation is appropriate please contact Ali Radke.
- All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION

Name: _____

Associate ID: _____

Facility Location: _____

MONTHLY PASS INFORMATION

Type of Plan:
 Online
 In-Person Meeting

Meeting Location: (if applicable): _____

Monthly Cost: _____

SIGNATURE

Signature of Associate: _____	Date: _____
Signature of Weight Watchers Group Leader (if attending Monthly Meetings): _____	Date: _____

GRANDE HR USE ONLY

Date Received: _____ Membership Year: _____

New Enrollee: Y/N

*** In order to receive monthly reimbursement you must show proof of purchase each month for your continued membership. Please contact Ali Radke if you have questions on acceptable forms of documentation.**