

# 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 Bekah Wegner.
- All reimbursements are subject to applicable federal, state, and local taxes.

**ASSOCIATE INFORMATION**

Name:

Associate ID:

Facility Location:

**PROGRAM 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.**

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