

FITNESS REIMBURSEMENT FORM –



WEIGHT WATCHERS

To enroll in this benefit, include with this form a receipt of your payment or a copy of your contract for proof of purchase.

- Complete the *Associate Information & Signature* portion of the form. Under *Program Information*, please select the check box for the type of Weight Watchers plan you participate in and the monthly cost for that program.
- 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 monthly 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 Haleigh Lenz.
- All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION

Name:
Associate ID:
Facility Location:

PROGRAM INFORMATION

Type of Plan: <input type="checkbox"/> Online <input type="checkbox"/> 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.**

Contact: Haleigh Lenz – Haleigh.lenz@grande.com - (920) 952-7371