

Weight Watchers Reimbursement Form

Instructions: Please fill out the following information, complete the checklist of items to send along with this form, sign and date. All reimbursements are taxable and will be processed through Central Payroll and mailed to your address as listed with Central Payroll. When all information is complete, please send to SOM Healthy Employees Lifestyle Program, Health Care and Benefits Division, PO Box 200130, Helena, MT 59620-0130.

Name:	Telephone Number (Cell, Home, or Work):
Employee ID#:	Policy Holder Name:
Mailing Address:	Cigna Plan: <input type="checkbox"/> Capitol Health Plan ID#:
E-mail address:	Program Attended: <input type="checkbox"/> At Work <input type="checkbox"/> Traditional <input type="checkbox"/> On-Line
Date Started Program:	Still Attending: <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, date finished: _____

Required Documentation

Please send copies of all documentation, not originals, as they will not be returned to you.

Weight Loss Documentation

*This can take any form that shows the required 10% weight loss - 10% weight loss certificate or first and last pages of your membership book/log/online journal that show starting and "ending" weight. **You do not need to provide a copy of your entire book/log!***

Payment Record

You must have paid for your dues before you can request reimbursement. Documentation of this could be a copy of the receipt you received when you paid your dues.

Exercise Documentation

*Documentation of your exercise routine can take any form, from a copy of a typical week from your exercise log to a written and signed statement of what you do each week. **You do not need to provide a copy of your entire book/log!***

I certify by signing this form all information is true and correct.

Signature

Date

For Office Use Only:

Member of SOM Health Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight Loss documentation included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exercise Journal included	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Wellness Signature & Date