

Reimbursement Offer for Weight Watchers® Offerings
Reimbursement Offer #: 42440



North Shore-LIJ has joined forces with Weight Watchers to bring employees special savings on weight loss solutions. To meet the reimbursement requirements, the employee must attend the minimum number of meetings reimbursement (must attend 10 of 13 or 14 of 17 meetings At Work, or must attend 10 of 13 or 15 of 18 Lo cal meetings) and achieve the weight loss as listed below:

1 st meeting series - lose 5% or greater = 100% reimbursement	3 rd meeting series (or thereafter) – reach goal weight or have lost 10% = 100% reimbursement
2 nd meeting series - lose 10% or greater = 100% reimbursement	3 rd meeting series (or thereafter) – lose 5%-9.9% = 50% reimbursement
2 nd meeting series – lose 5%-9.9% = 50% reimbursement	3 rd meeting series (or thereafter) – lose 0%-4.9% = 0% reimbursement
2 nd meeting series – lose 0% - 4.9% = 0% reimbursement	

To receive your Weight Watchers reimbursement:

1. Check the applicable Weight Watchers® offering for which you are requesting a reimbursement

<p>Please check the applicable item below:</p> <p><input type="checkbox"/> At Work Meeting – 1st round of program: 5%+ loss</p> <p><input type="checkbox"/> At Work Meeting – 2nd round of program: 5%-9.9% loss</p> <p><input type="checkbox"/> At Work Meeting – 2nd round of program: 10%+ loss</p> <p><input type="checkbox"/> At Work Meeting – 3rd + round of program: 5%-9.9% loss</p> <p><input type="checkbox"/> At Work Meeting – 3rd + round of program: 10%+ loss</p>	<p>Please check the applicable item below</p> <p><input type="checkbox"/> Local Meeting – 1st round of program: 5%+ loss (</p> <p><input type="checkbox"/> Local Meeting – 2nd round of program: 5%-9.9% loss</p> <p><input type="checkbox"/> Local Meeting – 2nd round of program: 10%+ loss</p> <p><input type="checkbox"/> Local Meeting – 3rd + round of program: 5%-9.9% loss</p> <p><input type="checkbox"/> Local Meeting – 3rd + round of program: 10%+ loss</p>
<p><input type="checkbox"/> Online – must complete 10 weeks and send in Account Status Page (to get Account Status, visit My Profile)</p>	<p><input type="checkbox"/> At Home Kit – send in receipt</p>

2. Total amount paid for the services purchased: \$ _____.

3. For verification of meeting attendance please send proof of payment (the receipt from your local meeting, **with the amount representing meeting services circled**).

4. Ask your Weight Watchers Leader or Receptionist to complete the below certification to validate your performance:

I certify that _____ has purchased a _____ week series at a price of \$ _____.
 % Weight Loss since Round 1 _____ Amount Due \$ _____

 Weight Watchers Leader/Receptionist. Signature Meeting Name or Location Number Date

Mail this completed form, along with proof of payment, to the following address:

Weight Watchers Reimbursement Center
Offer #861-01
PO Box 800195
Houston, TX 77280-9970

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions:
 Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Weight Watchers is not responsible for lost, late or misdirected mail. Reimbursement checks are ordinarily processed within 15 days of receipt. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. (Reimbursements will not be processed if form is not complete or missing Employee ID. Employee ID can be found on your pay stub) to track reimbursement submission, log on to: www.checkyourrebate.com/NorthShoreLIJ.

Employee to complete¹:

Weight Watchers Participant Name: _____

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

(Must be included to track submission and request information)

Employed at: Staten Island University Hospital Huntington Hospital Other NSLIJ Facility

Employee ID: _____

(Weight Watchers will not process reimbursement forms missing Employee ID. Employee ID can be found on your pay stub)

¹ The information submitted on this form will not be used for any purpose other than for the processing of this reimbursement.