State of Rhode Island Rewards for Wellness
Weight Watchers® Reimbursement Form

This form must be completed and submitted with all receipt(s) showing total dollar amount paid for program by March 26, 2014 to receive your reimbursement.

As part of the State of Rhode Island Rewards for Wellness Program, eligible employees* may be reimbursed for 50% of the cost of the following Weight Watchers® programs, provided they meet the minimum participation requirement of the programs. Weight loss is not required to receive reimbursement.

*All State of Rhode Island employees are eligible to participate in Rewards for Wellness activities, but only employees who are paying the State employee medical co-shares that are posted at www.employeebenefits.ri.gov are eligible to receive incentives for co-share credit and Weight Watchers reimbursements.

Weight Watchers® Program Options	Weight Watchers®	Potential Reimbursement*	Reimbursement Criteria	Meet Criteria: Final Cost
Monthly Pass for Community meetings and/or At Work meetings	$36.50/month	50% = $18.25/month **(up to five months maximum between 7/1/13 and 3/26/14)**	Must complete a minimum of 3 meetings per month	$18.25/month

Employee Information (Please print)

Name: _____

DOB: _____ United Healthcare Subscriber/member ID #: _____

Contact Phone #: _____

E-mail Address: _____

You will receive an e-mail confirmation of receipt within 14 days from the Office of Employee Benefits.

This section to be completed by the Weight Watchers® Leader for certification of Community and/or At Work program participation:

I certify that _____ attended _____ (number of) meetings between

(Start date): _____ to (End date): _____.

_____ Weight Watchers® Leader/Receptionist Signature

_____ Meeting location Number

_____ Date

You may provide your online billing history as your receipt: Log onto your account at www.weightwatchers.com. Click Account Settings => Account Status => Print billing history.

Mail/fax this form and your receipt(s) showing total dollar amount paid for each month of the program by March 26, 2014 to:

Linda McCormick, UnitedHealthcare
475 Kilvert Street, Warwick, RI 02886
Fax Number: 401-732-7211

Keep copies of all material submitted.
Reimbursement checks are typically processed within 60 days of receipt and will be sent to your mailing address on file in the State Personnel system.

UnitedHealthcare