



Travelers Wellness Incentive Form, Non-Participating Locations

Reimbursement Offer# 875-02

This form is to be filled out by Travelers employees who reside in one of the WW locations where our special corporate pricing is not available (non-participating location). Employees in those areas may submit this form for a refund amount that's equivalent to the 33% subsidy that Travelers employees receive in the participating areas*. Forms are to be sent in upon completion of the attendance requirement. Or, if employees achieve a 10% weight loss or goal, they may use this form instead to submit for a reimbursement that is equivalent to the Travelers' pricing in participating areas.

To qualify for this refund, you must fill out this form in its entirety, **attach a receipt** and then submit as directed within 31 days of achieving 10% weight loss, or Goal Weight. Only active employees may submit for this refund. Any refund or reimbursement will be made via payroll and is considered taxable income.

1. WW Participant, fill out the following required Information

Employee Address: <i>Address where the reimbursement check is to be mailed</i>		
City:	State:	Zip:
Email address:	Phone:	

2. Check the applicable WW program and participation criteria. *To receive reimbursement, you must be a WW member for a minimum of 3 months and have achieved 10% weight loss or Goal weight, whichever comes first, and meet the participation requirements below:*

<input type="checkbox"/> Digital + Workshops	<input type="checkbox"/> Digital	Rebate Amount: _____
<input type="checkbox"/> Digital + Workshops Attendance: 3 consecutive months of workshops <input type="checkbox"/> Digital: After 12 weeks of membership, submit a copy of your Monthly Summary Progress Report as proof of participation. Log into your account at www.weightwatchers.com : Track your weight->Progress reports->Monthly summary tab		

**WW fee reimbursement is limited to a lifetime maximum of 12 months, up to a maximum refund for workshops of \$307.32*

3. Attach proof of purchase with this form. Log Into your account at www.weightwatchers.com and print a copy of your billing history **Account Settings ->Account Status->Print Billing History**, or include a copy of a check stub, credit card statement or WW receipt.

4. Digital + Workshop Members - WW Coach/Wellness Guide signature required to verify your attendance

I certify that this Member has achieved 10% weight loss or Goal Weight and attended the minimum number of workshops indicated above.		
----- WW Coach/Wellness Guide signature	----- Workshop Name / Location Number	----- Date

5. Submit completed form and associated documentation

Email: WWRebates@callTSC.com

Mail: WW Reimbursement Center

Offer # 875-01

PO Box 800195

Houston, TX 77280-9970

By providing the information above and submitting this wellness incentive form, you acknowledge and agree to the following Terms and Conditions:
Request form must be fully completed. Keep copies of all material submitted. WW is not responsible for lost, late or misdirected mail. Wellness incentive checks are ordinarily processed within 30 days of receipt. All rights to any earned wellness incentives are voided upon your separation from employment. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. To track reimbursement log onto: www.checkyourrebate.com/travelers