



# MEDICAL MUTUAL®

## Reimbursement Form for Weight Watchers Program

Complete a Weight Watchers series and we will reimburse you part of your enrollment fees. You can complete an At Work, Community or Online series.

The amount you are reimbursed depends on which series you purchase. Amounts include \$17, \$25, \$50 or \$75. You can be reimbursed up to \$150 each calendar year.

To be reimbursed, complete this form and attach proof of payment (including weight logs for an Online series). Submit to Medical Mutual for processing. We will mail you a check within 60 days if approved.

Member Information		
Name (First and Last)	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	ID Number (as it appears on your ID card)	
Address (City)	(State)	(ZIP)
Email Address	Phone Number	
<b>Please verify the following:</b> <input type="checkbox"/> I completed an Online series <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> I completed Community (Monthly Pass) Meetings <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> I completed At Work Meetings <input type="checkbox"/> 10 of 12 <input type="checkbox"/> 14 of 17		<b>Series Start Date</b>  <b>Series End Date</b>
Results for Current Series		
We will return incomplete forms. All information will remain private.		
<b>During this series:</b>		
My starting weight was: _____ lbs	My ending weight was: _____ lbs	My height is: _____ feet _____ inches
<b>I enrolled in this series to:</b> <input type="checkbox"/> Lose weight <input type="checkbox"/> Maintain weight		
<b>My eating habits are:</b>		
<input type="checkbox"/> Much better	<input type="checkbox"/> Better	<input type="checkbox"/> The same <input type="checkbox"/> Worse <input type="checkbox"/> Much worse
<b>My overall health is:</b>		
<input type="checkbox"/> Much better	<input type="checkbox"/> Better	<input type="checkbox"/> The same <input type="checkbox"/> Worse <input type="checkbox"/> Much worse
<b>How happy were you with your progress during this series?</b>		
<input type="checkbox"/> Very happy	<input type="checkbox"/> Happy	<input type="checkbox"/> Neither happy nor unhappy <input type="checkbox"/> Unhappy <input type="checkbox"/> Very unhappy

See reverse.

## Reimbursement Requirements

### Before submitting this form, please confirm you:

- Were an active member of Medical Mutual at the start of the series through the time we receive the reimbursement form.
- Attended or completed the minimum number of meetings or weight logs (Online series only):
  - Online series: You only missed two weight logs of a three-month series, or three weight logs of a four-month series.
  - Community Meetings (Monthly Pass): You only missed two meetings of a three-month series or three meetings of a four-month series. You must submit your form in three- or four-month consecutive increments.
  - At Work Meetings: You completed at least 10 meetings in a 12-week series or 14 meetings in a 17-week series.
- Filled out this form completely. This includes sharing your results with us. We will not accept incomplete forms.
- Had your Weight Watchers Leader sign and validate the reimbursement form (see below), or you are submitting your weekly weight logs for an Online series.
- Provided proof of payment with this form. Proof of payment could include:
  - Weight Watchers receipt from your At Work Leader
  - Canceled checks from your bank or financial institution
  - Copies of three or four consecutive credit/debit statements
  - Copies of three or four consecutive monthly passes
  - Printout of your Weight Watchers account payment history

Note: Include proof of payment made for you by your employer or any promotional discounts you received from Weight Watchers, if applicable. The envelope must be postmarked within 90 days of your series end date.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

## Submit Reimbursement Materials

**Mail to: Medical Mutual  
Weight Watchers Program  
MZ: 01-5B-7500  
2060 East Ninth Street  
Cleveland, OH 44115**

**Fax to: (888) 219-8693**

**Email to: WellnessTeam@MedMutual.com**

- You will receive your reimbursement check within 60 days.
- To learn more about our Weight Watchers Reimbursement Program or to print another form, log into My Health Plan at [MedMutual.com/member](http://MedMutual.com/member). Click Healthy Living then Weight Watchers.
- If you have questions about your reimbursement, email us at [WellnessTeam@MedMutual.com](mailto:WellnessTeam@MedMutual.com) or call (800) 251-2583.

## To Be Completed by the Weight Watchers Leader for Community (Monthly Pass) or At Work Meetings

### Participant completed:

Community Meetings (Monthly Pass)     3 months     4 months

At Work Meetings     10 of 12     14 of 17

If a participant purchased a Monthly Pass, he or she must attend regularly and submit for consecutive series. The participant has completed the above-checked series. My signature verifies meeting series attendance.

\_\_\_\_\_  
Leader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leader's Name (Print)

\_\_\_\_\_  
Location #