

## WEIGHT WATCHERS ONLINE PARTICIPATION FORM – HRA FUNDING

Follow the instructions below to complete this form to earn up to \$200 in HRA funding. By actively participating in a Weight Watchers program for three consecutive months during 2014, you can earn \$150. Or, by actively participating in a Weight Watchers program for six consecutive months during 2014, you can earn \$200.

\*This means attending one in-person meeting a week for Monthly Pass subscribers or by logging your weight online for Online subscribers for 10 of a 12-week period for \$150 or 20 of a 24 week period for \$200.

## Your HRA funding may be delayed or not processed if this form is not fully completed.

## Please complete the following: (PLEASE PRINT)

## 1. Participant Information (Trust Member)

	Name		Social Security # / ID #			
	Address	City		State	Zip	
2.	Weight Watchers Participant Information (Tru	ıst Merr	nber or Spouse)	r Spouse)		
	Name		Relationship			
3.	Print a copy of your weight tracker report					
	Include a copy of your weight tracker report indicating	g your w	eight for at least <u>10 of t</u>	he last 12 w	eeks.	

4. I certify that the information on this form is correct and the services were provided as indicated.

Participant's Signature	Date
5. Mail this completed form:	
We	Sound Health & Wellness Trust ht Watchers Participation-HRA Funding 01 Queen Anne Avenue N, Suite 100
	Seattle, WA 98109 OR
	Fax to: (206) 285-4437

By providing the information above and submitting this participation form, you acknowledge and agree to the following Terms and Conditions: Keep copies of all material submitted. Weight Watchers and Sound Health and Wellness Trust are not responsible for lost, late or misdirected mail. The information submitted on this form will be used solely to fund your HRA and not for any reimbursement of Weight Watchers program fees.