



WEIGHT WATCHERS LOCAL MEETING VOUCHER REIMBURSEMENT FORM

To show our commitment to helping you achieve your weight loss goals and to improving your overall health, Sound Health and Wellness Trust is providing a 50% reimbursement. Follow the instructions below to complete this form to receive your reimbursement.

Your reimbursement 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 (Trust Member or Spouse)

Name _____ Relationship _____

3. Have your Weight Watchers Leader/Receptionist list your attendance on the back of this form

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:

**Sound Health & Wellness Trust
Weight Watchers Reimbursement
201 Queen Anne Avenue N, Suite 100
Seattle, WA 98109
OR
Fax to: (206) 285-4437**

By providing the information above and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Reimbursement offer is valid only for Weight Watchers services purchased through the Trust's program. 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 process your reimbursement*



WEIGHT WATCHERS MEETING ATTENDANCE FORM

Meeting Date

Leader Signature

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