



WEIGHT WATCHERS MONTHLY PASS 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 2016, you can earn \$150. Or, by actively participating in a Weight Watchers program for six consecutive months during 2016, 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 (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 Participation-HRA Funding
201 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.*



WEIGHT WATCHERS MEETING ATTENDANCE FORM

Meeting Date

Leader Signature

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