



Commonwealth of Virginia
Weight Watchers® Reimbursement Form
Revised 011/15

This form must be completed to receive your Weight Watchers® reimbursement.
Reimbursements are limited to three per person per year.

[] Monthly Pass for At Work and Local Meetings
(Attach your Account History [call 1-866-204-2885], At Work receipt or copies of at least 3 months of Monthly Passes)

Weight Watchers Leader or Receptionist completes this section for certification of program:

I certify that _____ has purchased (a _____ week series/months) from _____ to _____ at a
total price of \$ _____ and has achieved the required participation level to receive reimbursement.

Weight Watchers Leader/Receptionist Signature Meeting Location Number Date

[] Online subscription Total amount paid \$ _____ from _____ to _____
(Attach your Account History) Start Date End Date

EMPLOYEE VERIFICATION SECTION

Please fully complete and submit this form to the address below. You acknowledge and agree to the following Terms and
Conditions: Reimbursement form is valid in participating areas only. Void where prohibited or restricted by law. Availability and
terms of reimbursement may change without notice. Reimbursements are taxable income. For more information on tax implications,
go to http://commonhealth.virginia.gov/weightwatchers.htm. The information on this reimbursement form will not be used for any
employee specific purpose other than processing the reimbursement. Keep copies of all materials submitted. The Commonwealth is
not responsible for lost, late or misdirected mail sent by employees. Reimbursements are typically processed four times a year,
in March, June, September and December.

Employee Verification (Please Print Clearly)

Employee ID # (up to 9 numbers shown on Payline or your health plan ID card, NOT another form of employer ID)

3-Digit Agency Code

3-Digit Agency Code

Employee ID # (up to 9 numbers shown on Payline or your health plan ID card, NOT another form of employer ID)

State Agency Name

Employee Name

Employee Home Address

City

State

Zip Code

Employee Work E-Mail Address

Employee Phone

Please note: Only state employees may be reimbursed—no retirees, spouses, dependents or The Local Choice members. Employees on layoff may continue participation in the Weight Watchers online and local status meetings. However, those in an At Work program must transfer to another option by calling Weight Watchers at 1-866- 614-9129. Reimbursement will be honored only for the employee's current session if all requirements are met. Send questions to wellness@dhrm.virginia.gov.

Complete online and send with scanned receipt(s) to employeevents@dhrm.virginia.gov or mail completed form with receipt(s) to: Virginia Department of Human Resource Management ATTN: Office of Employee Programs 101 N. 14th Street, 12th Floor Richmond, VA 23219