



Commonwealth of Virginia Weight Watchers® Reimbursement Form

This form must be completed to receive your Weight Watchers® reimbursement.

Please select the applicable program for Weight Watchers reimbursement:

- At Work Meeting** (Attach your At Work meeting receipt.)
- Monthly Pass for Local Meetings** (Attach copies of at least 4 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.
Start Date End Date

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. Anthem and the Commonwealth are not responsible for lost, late or misdirected mail. **Reimbursement checks are typically processed within 30 days of receipt.**

Employee Verification (Please Print Clearly)

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: 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. Contact Weight Watchers to receive a rebate for unattended meetings. Send questions to wellness@dhrm.virginia.gov.

**Mail completed form with receipt(s) to:
Anthem Blue Cross and Blue Shield
ATTN: Weight Watchers Reimbursement
P.O. Box 27401
Mail Drop: VA2003-N110
Richmond, VA 23279**