



Employees who participate in Weight Watchers (and complete 9 of 12 classes) are eligible to receive tuition reimbursement (\$50 per each 6 month period listed below). Please note that enrollment and participation in the program does not guarantee automatic rebate, and that **your participation must be verified for 9 out of 12 weeks**. Your attendance is verified through the "WOW! Weight Watchers Attendance Record" signed by your At Work or Community Weight Watchers leader or through your Weight Tracker if participating in the online program.

Please complete the following form and **return it to the address or fax below** with your verification.

Participate in Weight Watchers:
October 1, 2009 - March 31, 2010
April 1, 2010 - September 30, 2010

Submit Form By:
March 31, 2010
September 30, 2010

Receive Rebate:
July 2010
December 2010

Late forms will not be accepted. Rebate will be disbursed in regular paycheck. Please note that rebates are taxable.

Name _____ Phone _____
Last 4 digits of SS# _____ Email _____
Employee ID # _____ Job Title/Dept. _____
(if applicable)

Employer: (please check one)

HomeHealth Visiting Nurses Maine Medical Partners Synernet
 Lincoln County Healthcare Maine Mental Health Partners Waldo County Healthcare
 MaineHealth Corporate Western Maine Healthcare NorDx
 Maine Medical Center Southern Maine Medical Center New England Rehab

Meeting Leader _____ Meeting Location _____
Start Date _____ End Date _____

I certify that the information above is valid

Employee Signature _____ Date _____

Send completed form and proof of attendance to:
MaineHealth WOW! 465 Congress Street, Suite 701, Portland, ME 04101
Or, fax to: 207-541-7548

Questions? Email: mainehealthwow@mainehealth.org or Phone: 1-866-WOW-6090

Please keep a copy of this form for your records.

For Office Use Only

Date Reviewed _____ Reviewed By _____ Amount of Reimbursement _____