

# Weight Watchers at Work Program Incentive Request Form

You must submit this form within 30 days of the end of the series. By successfully completing the Weight Watcher's At Work program, you will receive 50 Healthy Lifestyle Activity points as well as a [\\$60 Corporate Rewards gift card](#) or \$60 Weight Watcher's gift certificate. You may complete this program twice for credit.

## Employee Portion:

**Name / EIN:** \_\_\_\_\_

**Interoffice Address:** \_\_\_\_\_

**I would like:**

**(please choose one)**

- \$60 Corporate Rewards gift card  
 \$60 Weight Watchers Certificate

## At Work Series Information:

**Series Dates:** \_\_\_\_\_

**Location:**

- Downtown  
 Other location (please list): \_\_\_\_\_

## Facilitator Portion:

I certify the employee listed above:

- ✓ Is a Pima County Employee insured under the Pima County health plan.
- ✓ Has a paid-in-full membership.
- ✓ Has participated in a weigh-in/meeting at least 9 out of 10 weeks.
- ✓ Has a weight loss with a difference of 5 or more pounds from start to end weight of this series or has achieved a lifetime goal weight.
- ✓ Has fully completed this form with a copy of the weigh-in booklet.

**Signature: X** \_\_\_\_\_

(Facilitator's signature)

**Attention:** Submit this completed for to:

**Pima County Employee Wellness**

**Fax:** 724-8150

**Inter-office Mail:** 150 W. Congress, 4<sup>th</sup> Fl.

