

Welcome **Boston Medical Center HealthNet Plan Senior Care Options Members!** We offer a reimbursement for the total cost of one 13-week Weight Watchers® program per year. Both Online Plus and meetings qualify for the reimbursement upon showing proof of participation in your Weight Watchers® plan. You must submit for reimbursement within one year of the date you received the service.

To receive your reimbursement, this form must be filled out completely:

Member Information (Please print information clearly)			
MEMBER ID NUMBER (FOUND ON YOUR MEMBER ID CARD)			
LAST NAME			
FIRST NAME		MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL ADDRESS		

This information will not be used for any purpose other than processing this reimbursement

1. Check the applicable Weight Watchers® offering for which you are requesting a reimbursement:

- Local Meeting
- Online Subscription

2. Total amount paid for the services purchased: \$_____.

3. Please send proof of payment. For local meetings, send the receipt from your local meeting with the amount circled. For online subscriptions, send in your “Account Status” page, found under “My Profile”

4. If a receipt is not available at the local meeting you attend, ask your Weight Watchers Leader or Receptionist to complete the below certification:

I certify that _____ has purchased a _____ week series at a price of \$_____.		
_____	_____	_____
Weight Watchers Staff Signature	Meeting Name or Location Number	Date

5. Complete this form and submit it along with proof of payment to:

Mail: Boston Medical Center HealthNet Plan Senior Care Options
Fitness Reimbursement
529 Main Street, Suite 500
Charlestown, MA 02129

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Request form must be fully completed. Keep copies of all material submitted. Boston Medical Center HealthNet Plan is not responsible for lost, late or misdirected mail. Reimbursement checks are ordinarily processed within 15 days of receipt. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice.*

Boston Medical Center HealthNet Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8125 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-833-8125 (TTY: 711).