UPS Wellness Program Weight Watchers® Completion Form
UnitedHealthcare Members Only – Offer #128-02

Congratulations on achieving your healthy milestone as a part of the UPS Wellness Program. You've taken a step toward improving your health and the quality of life for you and your family.

***To receive your health reward for completing Weight Watchers:**

1. Check the applicable Weight Watchers service you have completed:

Weight Watchers Meetings please check the applicable items below:

☐ Weight Watchers at Work® Meeting ☐ Local Meeting
☐ Meeting Attendance (I have completed a minimum of 10 meetings)
☐ I am a Lifetime Member (Participation metrics must include 10 weigh-ins)

Weight Watchers Online / At Home Kits please check the applicable items below:

☐ Online Subscription ☐ At Home Kit
For verification you must complete a minimum of 10 weeks of Online Subscription or At Home Kit
☐ Online, send in Account Status Page (located in My Profile), a copy of your purchase receipt & your Weight Tracker
☐ At Home Kit, send in a copy of your purchase receipt and a copy of page 6 of your new membership booklet

2. Include total amount paid for the services purchased: $ _____

3. Please send proof of payment (a copy of the receipt from your local meeting, **with the amount representing meeting services circled. Fees may not be applicable for Lifetime members).**

4. For Weight Watchers At Work® & Local Meetings, ask your Weight Watchers Leader or Receptionist to complete the below certification:

I certify that _____ has completed a 10-week or more series of a Weight Watchers At Work® or Local Meeting as checked above. Series Completion Date: __/__/**2010** (mm/dd/yyyy)

_____ _____ __/__/____ (mm/dd/yyyy)
Weight Watchers Leader/Receptionist Signature | Meeting Name or Location | Date

5. Mail this completed form, along with items requested above (where relevant) to the following address:

Weight Watchers UPS Wellness Program - #128-02
PO Box 800195
Houston, TX 77280-9970

***By providing the information below and submitting this request form, you acknowledge and agree to the following Terms and Conditions:** To receive an incentive, you must first complete the UnitedHealthcare health assessment. After completion, you are eligible for one additional incentive either by completing Weight Watchers or a defined exercise program. Program eligibility is limited to active, non-union UPS employees and their spouse covered under the Flexible Benefits Plan. Request form must be fully completed. Keep copies for your records. Neither UPS nor Weight Watchers are responsible for lost, late or misdirected mail. The UPS Wellness Program is fully outlined at www.upsers.com and www.upshealthyconnections-informedchoices.com.

Weight Watchers Participant to Complete

UPS Employee Name: _____ (as in UPS Human Resources System)

UPS Employee Health Plan Subscriber ID Number: _____ (9-digit number located on UnitedHealthcare Medical Card)

Weight Watchers Participant: First Name _____ Last Name: _____

Weight Watchers Participant Date of Birth: __/__/____ (mm/dd/yyyy)

Weight Watchers Program Completion Date: __/__/**2010** (mm/dd/yyyy)

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone: **(___) ___-____** ext:_____ Home Phone: **(___) ___-____** Email: _____