

**UPS Wellness Program Weight Watchers® Completion Form
Aetna and Kaiser Members Only – Offer #128-01**



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:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> At Work Meeting | <input type="checkbox"/> Monthly Pass | <input type="checkbox"/> Local Meeting vouchers |
| <input type="checkbox"/> Meeting Attendance (I have completed a minimum of 10 meetings) | | |
| <input type="checkbox"/> I am a lifetime member (participation metrics must include 10 weigh-ins) | | |

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

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Online Subscription | <input type="checkbox"/> At Home Kit |
| For verification you must complete a minimum of 10 weeks of Online Subscription or At Home Kit | |
| <input type="checkbox"/> Online send in Account Status Page (located in My Profile), a copy of your purchase receipt & your Weight Tracker | |
| <input type="checkbox"/> 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 At Work or local meetings (Monthly Pass or Local Meeting vouchers), 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 meetings as checked above. Series Completion Date: ___/___/201G

_____/_____/_____
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 - #128-01
P.O. 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 Aetna 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.healthyconnections-informedchoices.com.

Weight Watchers Participant to Complete

Participant Name: _____ Date of Birth: ___/___/___(mm/dd/yyyy)

Participants Email Address: _____ Telephone Number: _____

Weight Watchers Program Completion Date: ___/___/___(mm/dd/yyyy)

UPS Employee First & Last Name: _____

Zip Code: _____ Employee Date of Birth: ___/___/___ (mm/dd/yyyy)

Employer: United Parcel Service "W" Number from Aetna Medical or 1'Dental ID Card: W_____

*If a Kaiser California or Kaiser Hawaii member, please utilize the "W" number located on your Aetna Dental Id card or call Aetna Member Services at 1.800-435-7324.

The information submitted on this form will not be used for any other purpose than for processing of the Incentive.