



## Weight Watchers Reimbursement Application

Graco Employee: \_\_\_\_\_

\*If you are a Graco spouse your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Program details: If you have  $\geq 10$ lbs to lose, you are eligible to participate in this program.**

- Submit a paid Weight Watchers receipt with this application completed by a health/fitness professional (Nurse, Physician Assistant, Doctor, Dietitian, Personal Trainer, or Graco HWS staff member) of your starting weight information faxed to: 612-379-3705. (keep a copy of this application to submit final weight goal information)
- **In order to be reimbursed, your final 90 day goal weight loss of  $\geq 10$ lbs needs to be met and verified by a health/fitness professional. You can be reimbursed up to \$45 per calendar year.** You will have a 14 day grace period to have your final weight verified and faxed to: 612-379-3705.

### Starting Weight Information (complete this section when you start):

Health/Fitness professional's name: \_\_\_\_\_ Title: \_\_\_\_\_

Health/Fitness professional's address: \_\_\_\_\_

Health/Fitness professional's phone: \_\_\_\_\_

Starting weight: \_\_\_\_\_ 90 day weight loss goal (lbs): \_\_\_\_\_

Health/Fitness professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 90 Day Goal Weight Information (complete this section at the end of 90 days):

Health/Fitness professional's name: \_\_\_\_\_ Title: \_\_\_\_\_

Health/Fitness professional's address: \_\_\_\_\_

Health/Fitness professional's phone: \_\_\_\_\_

Was weight loss goal met? \_\_\_Yes \_\_\_No Total weight loss(lbs): \_\_\_\_\_ End weight: \_\_\_\_\_

Health/Fitness professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_