



## Current Member Reimbursement/Proof of Attendance Form

Fond du Lac School District & The WCA Group Health Trust are pleased to reward you for you continuing to participate in Weight Watchers. You will need to purchase and show proof of your monthly fee of \$44.95 Once you have completed 10 weekly meetings within the three month period, you will be reimbursed 50% of your participation fee (\$44.95 x 3 = \$134.85) ~~\$\$\$67.43~~ by the WCA Group Health Trust. Please follow the instructions below and submit to the WCA Group Health Trust, 18550 W. Capitol Drive, Brookfield, WI 53045 in order to receive your reimbursement for your participation.

### To receive your Weight Watchers Meeting Attendance reimbursement:

1. Fill out the following participation information:

Employee name: \_\_\_\_\_ GHT Member ID: \_\_\_\_\_

Employee Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Have your Weight Watchers Leader/Receptionist provide the information below to verify your attendance:

1.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
2.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
3.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
4.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
5.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
6.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
7.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
8.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
9.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature
10.	_____	_____	_____
	Date	Meeting Name/Location	Weight Watchers Leader/Receptionist signature