

**Reimbursement Form for Weight Watchers®  
through the  
Commonwealth of Virginia – CommonHealth Wellness Program  
Revised 06/18/09**

**This form must be completed to receive your Weight Watchers® reimbursement.**

Please complete the applicable section for the Weight Watchers® offering to be reimbursed:

**At Work Meeting**

**Note: Please send your At Work Meeting receipt with this form.**

**Local Meeting**

**Note: Please send your yellow voucher confirmation with this form.**

**This section is to be completed by Weight Watchers® Leader or Receptionist for certification of program:**

I certify that \_\_\_\_\_ has purchased a \_\_\_\_\_ week series from \_\_\_\_\_ to \_\_\_\_\_  
Start date End date

at a price of \$ \_\_\_\_\_ and has achieved the required participation level to receive reimbursement.

\_\_\_\_\_  
Weight Watchers® Leader/Receptionist Signature

\_\_\_\_\_  
Meeting location Number

\_\_\_\_\_  
Date

**Online Subscription**

**Note: Contact Weight Watchers® to receive your Account History and send with this form.**

Total amount paid \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Month

**Monthly Pass**

**Note: Contact Weight Watchers® to receive your Account History and send with this form.**

Total amount paid \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month Month

**At Home Kit**

**Note: Send your At Home Kit receipt with this form.**

Total amount paid \$ \_\_\_\_\_

**Who Can Be Reimbursed**

Employees currently eligible for the state health benefits program (COVA Care, COVA HDHP, COVA Connect, and Kaiser Permanente plans) may be reimbursed for 50% of the cost of Weight Watchers® programs, so long as they meet the minimum participation requirements of the program. Weight loss is not required to receive reimbursement. This offer is not available to spouses and adult dependents and is valid for employee program costs only. This offer is not available to retirees.

Employees on layoff may continue Weight Watchers® membership in the online, home and local community programs. However, those who were participating in an at-work program must transfer to another option by contacting Weight Watchers® at **1-866-614-9129**. Reimbursement will be honored only for the employee's current Weight Watchers® session if all program requirements are met. For more information, see the FAQs on the Weight Watchers® Web page at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). Those on layoff who choose to cancel Weight Watchers® membership should follow the instructions on the back of their membership booklet in order to receive a rebate from Weight Watchers® for meetings not attended.

**Complete the Employee Verification section on page 2.**

**By providing the information below and submitting this reimbursement form you acknowledge and agree to the following Terms and Conditions:** Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Anthem BCBS and the Commonwealth are not responsible for lost, late or misdirected mail. **Reimbursement checks are typically processed within 30 days of receipt.** Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. The information on this form will not be used for any employee specific purpose other than processing the reimbursement.

**Employee Verification (please print clearly):**

\_\_\_\_\_  
Employee Name Employee ID # (as shown on  
your health benefits ID card)

\_\_\_\_\_  
Employee Home Address

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

\_\_\_\_\_  
E-mail Address Employee Phone

\_\_\_\_\_  
State Agency Name State Agency Code

\_\_\_\_\_  
Agency Location – City and State

**Mail completed form with receipt to:**

**Commonwealth of Virginia/Weight Watchers Reimbursement  
Anthem Blue Cross and Blue Shield  
P.O. Box 27401  
Mail Drop: VA1003-S143  
Richmond, VA 23279**