

Weight Watchers Attendance Form

INFORMATION TO BE COMPLETED BY THE MEMBER

COMPLETE THE FOLLOWING REQUIRED INFORMATION

FIRST (GIVEN) NAME:	MIDDLE INITIAL:	LAST (SURNAME) NAME:	
MEMBER #:	BIRTHDATE:	PHONE#:	EMAIL ADDRESS:
ADDRESS WHERE REIMBURSEMENT CHECK IS TO BE MAILED:			
CITY:		STATE:	ZIP CODE:

INFORMATION TO BE COMPLETED BY THE WEIGHT WATCHERS® LEADER/RECEPTIONIST

SIGNATURE REQUIRED TO VERIFY ATTENDANCE:

I certify that this Member has paid for and attended the minimum number of meetings indicated below:

Weight Watchers® Leader/Receptionist Signature	Meeting Name / Location Number	Date
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ATTENDANCE REFERENCE CHART

If this many sessions are offered...	You need to attend this many sessions to reach 80%	If this many sessions are offered...	You need to attend this many sessions to reach 80%
17	14	10	8
16	13	9	8
15	12	8	7
14	12	7	6
13	11	6	5
12	10	5	4
11	9	4	4

PLEASE NOTE: Only Accelerate plan members are eligible to be reimbursed for the Weight Watchers program.

Administered by:
Adventist Risk Management® Inc.
12501 Old Columbia Pike, Silver Spring, MD 20904