

## Weight Watchers Health Solutions

Weight Watchers® focuses on healthy eating and increasing activity by using a 'smart points' plan based on calories, saturated fat, sugar and protein. Weekly group classes are available at local meeting sites

**100% of program fee covered for Accelerate plan members upon proof of 80% attendance.**

### EARN ASCEND TO WHOLENESS POINTS

Earn 48 Ascend to Wholeness points for Weight Watchers 12-week session or 68 Ascend to Wholeness points for Weight Watchers® 17-week session.

Log into <https://ascendtowholeness.org/en-US/Member> and select the Healthy Habits & Activities button.

Before you fill out the reimbursement form below make sure you have all the required documents to submit the form.

### REIMBURSEMENT CHECKLIST

- Be an Accelerate Plan member to receive full benefit
- Attach the Weight Watchers® attendance verification form showing the completion of at least 13 of 16 sessions
- Attach the Weight Watchers® receipt or any proof of program payment such as a copy of your check, or credit card statement (copied in 8 ½ x 11)
- Attach a signed Doctor referral from for Weight Watchers®
- Complete and submit this form with the required documents required and listed above to:

**Healthscope Benefits Services**

**Fax:** 1 (915) 581-7537

**Mail:** HEALTHSCOPE BENEFITS

P.O. BOX 16203

LUBBOCK, TX 79490-6203

**NOTE:** The plan allows you to file for reimbursement once a year and you have one year to file a claim for reimbursement when the program was completed. You **MUST** complete 80% of the program to be reimbursed.

### Number of sessions required to reach 80 percent for reimbursement.

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

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

## REIMBURSEMENT FORM

FILL OUT THIS PORTION AND SUBMIT IT WITH THE REQUIRED DOCUMENTS TO THE ADDRESS ABOVE

FIRST (GIVEN) NAME:

MIDDLE INITIAL:

LAST (SURNAME) NAME:

MEMBER ID#

BIRTHDATE:

PHONE#

EMAIL ADDRESS:

ADDRESS WHERE REIMBURSEMENT CHECK IS TO BE MAILED:

CITY:

STATE:

ZIP CODE:

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

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