

# Weight Loss Program Goal Completion

Submit this form to receive a \$50 credit if you completed a weight loss program and met your weight loss goal. This form can be submitted even after the sessions have ended, as long as the weight loss goal has been met.

\_\_\_\_\_  
Printed Name (please print clearly)

\_\_\_\_\_  
Employee Number\*

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Program Name

\_\_\_\_\_ - \_\_\_\_\_  
Dates of Sessions

\_\_\_\_\_  
Location

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Representative

\*Employee number can be found on paycheck (6 digits)

**Fax to 865-560-8926 (confidential fax number)\*\***

\*\*This form is confidential and access to it will be limited to the Wellness Program.

The \$50 will appear as a health insurance discount. If not enrolled in pre-tax benefits, the \$50 will be reflected in YTD earnings as "REB." Please allow 3 - 4 weeks for discount to appear once the form is submitted.