

# Weight Loss Program Reimbursement

Submit this form along with a receipt showing payment to receive \$50 for joining a weight loss program (i.e. Weight Watchers, LA Weight Loss, Jenny Craig, etc.). Once you complete the program and meet your weight loss goal, submit the Goal Completion Form to receive an additional \$50.

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

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

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

\_\_\_\_\_  
Program

\_\_\_\_\_  
Location

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*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.