

The Waisting Away Program

Weight Watchers "At Work" Program

Get rewarded for losing weight!

Name:

Employee ID: _____

Beginning Weight:

End Weight:

Total Weight Loss

Dates of Session through

Initial Weeks Attended

Week 1 _____

Week 2 _____

Week 3 _____

Week 4 _____

Week 5 _____

Week 6 _____

Week 7 _____

Week 8 _____

Week 9 _____

Week 10 _____



After completion of the program please provide a copy of the following information:

1. Paid receipt (which is your Weight Watchers Booklet)
2. Attendance booklet
3. Weight documentation

All information needs to be delivered to the Employee Benefits Division by mail (301 S. 4th Ave., Suite B100, Phoenix, AZ 85003) or fax to (602-506-1292)

If you have any questions, please e-mail the Employee Benefits Division at BenefitsService@mail.maricopa.gov or phone at 602-506-3758

After verifying all information, you will contacted by email of your incentive being ready for pick up at the Employee Benefits Office.