The Waisting Away Program Incentive Form

Weight Watchers "At Work" Program

Get rewarded for losing weight!

Participant Name: _____ Telephone: _____

Employee Name: _____ Email: _____
(Primary Insured)

Employee ID: 81

Beginning Weight: [ ]

End Weight: [ ]

Total Weight Loss: [ ]

Dates of Session _____ _____

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 10-week session you must provide a copy of the following information within 90 days:

1. The Waisting Away Program/Incentive form
2. Your Weight Watchers Booklet (page with your name, barcode and number)
3. Your weight documentation (weekly attendance and weight log)

***Please note Weight Watchers Online is not eligible for the incentive**

All information needs to be delivered to Wellness Works, Employee Wellness Program by mail (301 W. Jefferson St., Suite 3200, Phoenix, AZ 85003) or fax to 602-506-2354. If you have any questions, please e-mail Wellness Works at BenefitsService@mail.maricopa.gov or call 602-506-3758.

After verifying all information, your incentive will be included in your next paycheck (depending on the process date).

Print Form

You must attend eight of ten classes in 10 consecutive weeks to be eligible to receive the incentive. The first weigh-in and class is considered week one.