

# Weight Watchers Proof of Participation Form

PEBB Employee to Complete



To qualify for another Weight Watchers series, you must first submit this form to your Health Plan showing proof of participation in at least 10 weeks of your prior Weight Watchers series. Follow the instructions below to rejoin! **Form must be filled out in its entirety to qualify.**

## 1. Check the applicable Weight Watchers Service that you've just completed

I've participated in at least 10 weeks of the following plan:  At Work Meeting  Traditional Meeting  Online Subscription

(Southern Oregon = 8 weeks of a 10 week series)  Traditional Meeting

Participation Dates: Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

## 2. Proof of Participation.

**At Work or Community Meetings:** Ask your Weight Watchers leader or receptionist to certify and sign below:

I certify that \_\_\_\_\_ has attended a minimum of \_\_\_\_\_ weekly meetings.

\_\_\_\_\_  
Weight Watchers Leader/Receptionist Signature and Leader ID#                      Meeting Name/Location #                      Date

**Online Subscription:** attach copy of Account Status Page (*go to Account Status, My Profile*) and/or *POINTS® Tracker* showing minimum 10 weeks participation of your 3-month subscription.

## 3. Read Terms and Conditions and Sign.

*By providing the above information and submitting this form, I acknowledge and agree to the following Terms and Conditions: Offer is valid for Weight Watchers programs beginning on or after January 1, 2009. Eligibility is limited to active PEBB employees. Keep copies of all material submitted. Weight Watchers and PEBB are not responsible for lost, late or misdirected forms. Upon receipt and validation of your request, you will be reissued a new Weight Watchers Access Code which will allow you to rejoin Weight Watchers. The information submitted on this form will be used solely to process your request. **All information is required! Please print clearly***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Weight Watchers Access Code: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Secure Weight Watchers Access Code and Rejoin!

After you've supplied this information to your Health Plan (see instructions on following page), secure a new Access Code and rejoin Weight Watchers! Here's to your continued success!!

**To submit this form to your Health Plan, follow the instructions below:**

**For Regence BlueCross BlueShield Members**

Participants must send their completed Proof of Participation form to Regence via fax: 888-606-6582 in order to receive a second access code for a new series. A Regence Customer Service Representative (CSR) will validate the form, and then email your new access code to the address provided above.

Questions? Call Regence as follows: In Portland, call 503-220-3849. All other areas call 800-826-9813.

**For Kaiser Permanente Members**

Participants will send their completed Proof of Participation Form via fax: 503-286-6881, or via email to [health.consultant@kp.org](mailto:health.consultant@kp.org) in order to receive a second access code for additional series.

Questions? Call Kaiser Permanente as follows: In Portland, call 503-286-6816, select option 2. All other areas, call 1-866-301-3866 (toll free), select option 2

**For Providence Members**

Participants must send their completed Proof of Participation form to Providence via fax: 503-574-9857. A representative will validate the form and call you at the telephone number you provide on the form to give you a new access code.

Not established with Providence yet? We can help you get started with your Providence medical home by gathering your information and updating your health record. We can also schedule an appointment for your first exam. Questions? Call Providence at 503-574-7500 or toll free at 1-800-878-4445.