



Reimbursement Request Form
 Return to Crouse Wellness & Population Health Coordinator
 Chrissy Giaprakis on 8 Memorial,
 email to simplywell@crouse.org or fax to 315-470-1329

Based on your percentage of weight loss, you may be eligible for the Simply Well incentive reimbursement. See reverse side for reimbursement opportunities and submit this form to simplywell@crouse.org.

Employee Name (Print): _____ Crouse Badge #: _____

Email address: _____ Your Weight Watchers Cost: _____

Location (Onsite/Specific Community Location/Online): _____

Reimbursement Requirements & Details:

- Participant in Crouse Simply Well program (or online program) for at least 8 consecutive weeks
- Achieve 5-10% weight loss (or reach calculated lifetime goal)
- The maximum incentive is based on the cost of a 17-week onsite series
- Leader sign-off required (online participants must complete initial and follow-up weigh-in session)

Initial Reimbursement Request

Weight Watchers Start Date: _____ Initial Weight Loss Achievement Date: _____

My percentage of total weight loss compared to the above Start Date: _____

I have reached my healthy goal weight (goal weight determined with Weight Watchers leader): Yes / No

Maintenance Reimbursement Request

Weight Watchers Start Date: _____ Initial Weight Loss Achievement Date: _____

My percentage of total weight loss compared to the above Start Date: _____

As of _____ (enter month/year), I have at least maintained my percentage of weight loss compared to the "Initial Weight Loss Achievement Date" noted above.

Participant and Weight Watchers Leader signature required.

Employee Signature

Date of Reimbursement Request

Leader Signature

Leader Phone Number

Date Signed

Simply Well Crouse Weight Watchers Program *Membership Cost Incentive Reimbursement*

Reimbursement Requirements & Details:

Participant in Crouse Simply Well program (or online program) for at least 8 consecutive weeks

Achieve 5-10% weight loss (or reach calculated lifetime goal)

The maximum incentive is based on the cost of a 17-week onsite series

Leader sign-off required (online participants must complete initial and follow-up weigh-in session)

Earn up to 20% Reimbursement if you lose 5% of body weight (but less than 10%):

Initial Reimbursement

Receive 10% membership cost reimbursement if you lose 5% (but less than 10%) of body weight.

Indicate Weight Watchers start date and the date you achieved (but less than 10%) weight loss.

Reimbursement will be based on the lesser of your actual cost to participate in Weight Watchers or the cost of a 17-week onsite series.

Maintenance Reimbursement

Receive an additional 10% membership cost reimbursement if you maintain your weight loss associated with your Initial Reimbursement for 6 months.

Earn up to 50% Reimbursement if you lose at least 10% of body weight or achieve Weight Watchers Lifetime Weight Loss Goal:

Series Reimbursement

Receive 30% membership cost reimbursement if you lose at least 10% of body weight.

Indicate Weight Watchers start date and the date you achieved 10% weight loss.

Reimbursement will be based on the lesser of your actual cost to participate in Weight Watchers or the cost of a 17-week onsite series.

Maintenance Reimbursement

Receive an additional 20% membership cost reimbursement if you maintain your weight loss associated with your Initial Reimbursement for 6 months.

Participants who achieve their "Weight Watchers Lifetime Weight Loss Goal" are eligible for the higher incentive level (even if weight loss percentage is not 10%).