

## Weight Watchers Attendance Form

### INFORMATION TO BE COMPLETED BY THE MEMBER

#### COMPLETE THE FOLLOWING REQUIRED INFORMATION

FIRST (GIVEN) NAME:	MIDDLE INITIAL:	LAST (SURNAME) NAME:
MEMBER #:	PHONE#:	EMAIL ADDRESS:
BIRTHDATE:		
ADDRESS WHERE REIMBURSEMENT CHECK IS TO BE MAILED:		
CITY:	STATE:	ZIP CODE:

### INFORMATION TO BE COMPLETED BY THE WEIGHT WATCHERS® LEADER/RECEPTIONIST

#### SIGNATURE REQUIRED TO VERIFY ATTENDANCE:

I certify that this Member has paid for and attended the minimum number of meetings indicated below:

\_\_\_\_\_  
Weight Watchers® Leader/Receptionist Signature

\_\_\_\_\_  
Meeting Name / Location Number

\_\_\_\_\_  
Date

### ATTENDANCE REFERENCE CHART

If this many sessions are offered...	You need to attend this many sessions to reach 80%	If this many sessions are offered...	You need to attend this many sessions to reach 80%
17	14	10	8
16	13	9	8
15	12	8	7
14	12	7	6
13	11	6	5
12	10	5	4
11	9	4	4

**PLEASE NOTE:** Only Accelerate plan members are eligible to be reimbursed for the Weight Watchers program.

Administered by:  
Adventist Risk Management® Inc.  
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