

OEBB Weight Watchers Online Proof of Participation Form

To be completed by Participant

Fax: 1-888-598-7704

OEBBWeightWatchersRenewal@callTSC.com

Use this form to prove participation in at least 10 weeks of Weight Watchers Online subscription to qualify for another Weight Watchers series to be paid in full by your OEBB medical plan.

Print this blank form, complete by typing or printing clearly, and follow the simple instructions below to rejoin! Once this form has been received and validated, you will receive your renewal access code via email.

1. Enter the start and end dates of your 3-month Weight Watchers Online subscription.

I participated in at least 10 weeks of my 3-month Weight Watchers Online subscription.

Participation Dates: Start Date: _____ End Date: _____

2. Save a copy of your Weight Tracker on your computer.

Take a print screen shot of your weight tracker showing participation in at least 10 weeks of your 3-month online subscription. Save the electronic file on your computer. You will need it again in Step 5.

3. Complete Participant and Medical Plan Information as shown on your ID Card.

Participant Information

First Name: _____

Middle Initial: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Email: _____

Phone: _____

Medical Plan Information

Medical Carrier: Kaiser Permanente

(check one) ODS

Providence

Medical Plan ID Number: _____

If you do not have access to your medical plan ID number, please call your carrier to request it by phone and to order a new ID card:

Kaiser Permanente 1-866-223-2375

ODS 1-866-923-0409

Providence 1-800-633-1878

4. Read these Terms and Conditions and sign that you agree.

By providing this 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 October 1, 2010. Keep copies of all material submitted. Weight Watchers and OEBB 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. This Access Code will be delivered to the email address provided in Section 3. The information submitted on this form will be used solely to process your request.

Signature _____ Date _____

5. a) If submitting via fax:

Print this form, type or print neatly to complete, sign in Section 4, print your Weight Tracker from Step 2 and fax both to:

1-888-598-7704

5. b) If submitting via email: Print this form, type or print neatly to complete, sign in Section 4, scan/save as a pdf file and email along with your Weight Tracker from Step 2 to:

OEBBWeightWatchersRenewal@callTSC.com

Once this form has been received and validated, you will receive your renewal access code via email.

Incomplete forms or forms submitted without a weight tracker will not be validated.

If you have questions about your medical plan, please contact the carrier directly (phone numbers shown in Section 3).

If you have questions about your renewal access code or Weight Watchers processes, please call the OEBB-dedicated Weight Watchers line at 1-866-531-8170.