

PUT WEIGHT WATCHERS[®] TO WORK FOR YOU!

HealthFlex has joined forces with Weight Watchers[®] to bring you special savings on valuable and convenient weight-loss solutions.



Choose an offering that best suits your specific lifestyle and preference

1

Weight Watchers Local Meeting vouchers*

Local Meeting vouchers are a prepaid savings plan that offers the flexibility of attending Weight Watchers meetings in your community when and where it suits you best. There are two options available: 13-week vouchers and 18-week vouchers. To order, call [866-557-6229](tel:866-557-6229).

2

Weight Watchers At Work meetings*

At Work meetings bring the Weight Watchers experience right to your workplace where a trained Leader facilitates weekly meetings, and you can benefit from the proven advantage of group support from co-workers.

If you have at least 15 associates interested in an At Work meeting call [1-800-8-AT WORK](tel:1-800-8-AT-WORK) and talk to a Weight Watchers Corporate Account Manager about setting up a meeting.

3

Weight Watchers Online subscription

With an Online subscription you can follow the Weight Watchers plan step-by-step online, with interactive tools and resources like a weight tracker, progress charts, restaurant guides and much more. It is available in two versions specifically designed for men and women with tailored content that speaks directly to each audience. To sign up, see [page 3](#) of this brochure.

weightwatchers

Special Pricing for HealthFlex Plan Participants

HealthFlex is committed to helping you achieve your weight-loss goals and improve your overall health by offering a **50% subsidy** on the Weight Watchers services listed below.



Weight Watchers Offering	Weight Watchers special pricing	Subsidy	If you meet reimbursement criteria (listed below), your final cost is
13-week Local Meeting vouchers*	\$119.86	50%	\$59.93
18-week Local Meeting vouchers*	\$165.96	50%	\$82.98
13-week At Work meeting series** comes with access to 14 weeks of free eTools***	\$155.00	50%	\$77.50
18-week At Work meeting series** comes with access to 19 weeks of free eTools***	\$186.00	50%	\$93.00
3-month Weight Watchers Online subscription†	\$55.00	50%	\$27.50
12-month Weight Watchers Online subscription†	\$167.70	50%	\$83.35

To receive the 50% subsidy, please be prepared to provide the 9 digit number following any letters on your HealthFlex insurance ID card.

To purchase any of these Weight Watchers offerings, or for more information, please call 866-557-6229.

* Available only in participating areas in the U.S. To see a list of non-participating areas, please [click here](#). Missed week fees must be paid in order to keep your membership current. You will need to re-enroll after four consecutive absences. Sales tax applicable in CT.

** Available only in participating areas in the U.S. Minimum enrollment required. Total cost for At Work meeting series must be paid in advance. Sales tax applicable in CT.

*** eTools offer available in participating areas only. Must purchase a 13 or 18-week At Work series to get access to free eTools. Your eTools subscription will automatically renew each month at \$14.95 per month, unless you cancel before the end of your free weeks of eTools. Visit www.weightwatchers.com/cancel for instructions on how to cancel.

† Your subscription will be automatically renewed at the end of your plan period at the standard monthly rate (currently \$18.95) until you cancel. You can cancel your subscription on our site, by email or by U.S. mail; please see www.weightwatchers.com/cancel for details. Void where prohibited. This offer cannot be transferred, combined with other offers, or redeemed for cash.

Weight Watchers Online*



To sign up for Weight Watchers Online call **866-557-6229** and get your promotion code, then:

1. Visit the Weight Watchers Online sign-up page by clicking the link below.
2. Go to ► [Enter promotion code](#) and enter your special promotion code (received when you called the number above) and click “Apply code” to get the special subscription price for United Methodist Churches.

A screenshot of a web form. At the top left, there is a blue dropdown menu with a downward arrow and the text "Enter promotion code". Below this is a text input field with the placeholder text "Enter your code". To the right of the input field is a green button with the text "Apply code" in white.

3. Select the subscription length to purchase (3 month or 12 month).
4. Follow remaining sign-up instructions for setting up your account.



►► [Click here to get started](#)

*Your subscription will be automatically renewed at the end of your plan period at the standard monthly rate (currently \$18.95) until you cancel. You can cancel your subscription on our site, by email, or by U.S. mail; please see www.weightwatchers.com/cancel for details. Void where prohibited. This offer cannot be transferred, combined with other offers, or redeemed for cash.

Reimbursement Offer for Weight Watchers® Offerings
Reimbursement Offer #: 34774



If you live in a nonparticipating area you, can still receive 50% of the fees you paid from HealthFlex by completing and submitting this reimbursement form. A check for the 50% amount will be sent to you. Please print this form, complete it in its entirety, including your email address. Submit the form to the address listed below.

To receive your Weight Watchers reimbursement:

1. Check the applicable Weight Watchers® offering for which you are requesting your 50% reimbursement:

Weight Watchers Meetings:

At Home Kits:

At Work Meeting Local Meeting

At Home Kit

Enter number of weeks of series here _____

2. Total amount paid for the services purchased: \$ _____.

3. For verification of meeting attendance please send proof of payment (the receipt from your local meeting, **with the amount representing meeting services circled**).

4. If a receipt is not available at the local meeting you attend, ask your Weight Watchers Leader or Receptionist to complete the below certification:

I certify that _____ has purchased a ____ week series at a price of \$ _____.

Weight Watchers Leader/Recept. Signature

Meeting Name or
Location Number

Date

5. Mail this completed form, along with proof of payment, to the following address:

Weight Watchers Reimbursement Center
Offer #: 836 - 34774
PO Box 800195
Houston, TX 77280-9970

By providing the information below and submitting this reimbursement form, you acknowledge and agree to the following Terms and Conditions: *Reimbursement offer is valid in participating areas only. Request form must be fully completed. Keep copies of all material submitted. Weight Watchers is not responsible for lost, late or misdirected mail. Reimbursement checks are ordinarily processed within 15 days of receipt. Void where prohibited or restricted by law. Availability and terms of reimbursement may change without notice. To track reimbursement email: www.checkyourrebate.com/healthflex*

HealthFlex Plan Participant to complete¹:

Weight Watchers Participant Name: _____

HealthFlex Plan Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____
(must be included to track submission and request information)

Employer/Company: _____ Participant ID (from Medical ID card): _____

¹ The information submitted on this form will not be used for any purpose other than for the processing of this reimbursement.
