



San Diego Transit ATU Local 1309
HEALTH & WELFARE SECURITY FUND

Weight Loss Program Reimbursement Form

Are you ready to make your weight loss goals a reality? As an MTS Bus 1309 participant, you and your eligible dependents qualify to be partially reimbursed from the Trust Fund for the cost of a Weight Watchers membership or for participating in Kaiser’s Positive Choice Wellness Center Weight Management Program.

Weight Watchers

Enroll in Weight Watchers and the Trust Fund will reimburse you for the cost of the entire 17-week Weight Watchers program (\$209) or \$30 per month for participation in Weight Watchers’ Monthly Program. To be reimbursed, you must submit proof of payment. If you join the monthly program, you must also submit proof that you attended meetings at least 4 times per month. If you have questions regarding Weight Watchers, please contact them at (800) 651-6000 or at www.weightwatchers.com.

Positive Choice Wellness Center Weight Management Program

Enroll in Positive Choice and the Trust Fund will reimburse you for the cost of the initial assessment (\$210) after proof of payment. After 7 weeks of program participation, the Trust will reimburse you up to an additional \$790 for weekly program and maintenance fees. If you have any questions regarding Kaiser’s Positive Choice Program, please consult the Positive Choice Informational Handbook or call them at (858) 573-0090.

In order to qualify for reimbursement, you must:

1. Participate in a weight loss program between March 1, 2018 and February 28, 2019.
2. Return this form along with proof of payment and participation to the Trust Fund Administrator on or before March 31, 2019.

-----Section to be completed by Employee -----

ATU 1309 **Reimbursement Amount:** _____

Product Details _____

Dependent Name (if applicable) _____

Employee Name _____ **Employee ID#** _____

I certify that the program for which I am requesting reimbursement is for my exclusive use and the request complies with all reimbursement program Rules, Terms and Conditions on the reverse side of this form.

Employee Signature _____ **Date** _____

Trust Fund Wellness Coordinator _____ **Date** _____

Resources:

- Weight Watchers – weightwatchers.com
- Positive Choice – positivechoice.org

Rules, Terms and Conditions:

- It is recommended, but not required, that you consult with your doctor before enrolling in any weight loss program.
- Employee and/or eligible dependent(s) must be enrolled in health insurance through the Trust Fund (Kaiser) to qualify for reimbursement.
- Employee must be actively employed when the reimbursement from the Trust Fund is processed to qualify.
- The maximum annual reimbursement from the Trust Fund for Weight Watchers is \$209 for the 17 week program, or \$360 for the monthly program; and \$1,000 for Kaiser's Positive Choice per eligible individual.
- Reimbursement from the Trust Fund is for the cost of the membership only. The cost of meals/food is not included.
- Program must be administered by a licensed professional.
- Trust Fund will only reimburse actual costs. For example, if health insurance pays for a portion of a program, the employee is only eligible for reimbursement of the remaining cost (e.g., copay).
- Requests must be accompanied by proof of qualifying program (e.g., proof of payment and participation for services rendered).
- Please do not submit medical or otherwise confidential information along with your reimbursement request.
- All forms must be submitted on or before March 31, 2019.
- Reimbursements are made directly from the Trust Fund. Reimbursements will be processed as quickly as possible and reimbursement checks will be distributed to employee.
- Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees and dependents. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the wellness coordinator at 619-BENEFIT (619-236-3348). We will work with you (and, if you wish, with your doctor) to find a wellness program with the same regard that is right for you in light of your health status.

Employees with questions about programs not specifically approved on this form should contact the Trust Fund Administrator at 619-BENEFIT (619-236-3348) before making a purchase.