

NOW ACCEPTING APPLICATIONS!

For the Next Session!

Ladies and Gentlemen

If you think you might be interested and want to find out more.....

Please join us for an informational session on

April 14, 2010

11:30am-12:30pm

Old Johnson Galleries Building

This meeting is free and does not lock you into the program.
Advance application submittal is requested before this meeting, but a final decision on participation does not have to be made until payment is due on 4/21/10.
(Application Attached)

Employees on the County insurance plan may participate for only \$85 for the 15 week program!
.....Almost a 50% savings off the regular rate!

The Weight Watchers @ Work Program was promoted at the Health & Benefits Fair and generated significant interest among our employees! The group attended an informational meeting in October and started the first ever session in early January 2010! The group meets every Wednesday at lunch at the old Johnson's Galleries Building for informational sessions led by a Weight Watchers Program Leader. The group atmosphere fosters camaraderie and support.

Members learn the [MOMENTUM PROGRAM™](#) which addresses the issues that have always stood between them and losing weight; such as hunger, temptation or just a bad day. Members learn to choose foods that keep them full longer, so that they don't eat for the wrong reasons, which means they can lose weight and keep it off.

Weight Watchers at Work Program

Individual Application

PLEASE PRINT CLEARLY

Name: _____

Home Phone No: _____ Work or Cell Phone No: _____

Work Address: _____

City: _____ Zip: _____ Last 4 Digits of SSN: _____

Email Address: _____

MY BMI IS: _____ (must be completed prior to giving application to site coordinator)

INSURANCE COVERAGE: (MUST be completed and a photocopy of your eligible insurance card attached.)

I AM COVERED BY THE FOLLOWING INSURANCE PLAN:

Check One: (please print entire contract number)

STATE Contract No.: _____

Agency Name: _____

LOCAL GOVERNMENT Contract No.: _____

Unit Name: _____

PUBLIC EDUCATION Contract No.: _____

School Name: _____

Name of insured if different from participant: _____

I understand this is a prepaid, non-refundable program.

Signature

Date

Contact Donna or locate the Body Mass Index chart sent to your department to determine what your BMI is. It is very important to have this portion complete before sending your applications back to us, also **do not forget** to attach a photocopy of your eligible insurance card, otherwise, the application will not be accepted.

The meetings will be held on **Wednesdays from 11:30am – 12:00noon**
The site for the meetings will be the Old Johnson's Gallery Building located across from the Courthouse, should this location change I will let you know.

Should you have questions, please call Donna @ 737-3663

**Simply completing the application does not obligate you to enroll for the program. Your application will be sent in to the SEIB for approval. If you decide after the informational meeting that you would like to participate, then your full payment (or ½ of the payment and the other ½ in the form of a post-dated check) would be due by the next meeting on April 21st.