

WEIGHT WATCHERS REIMBURSEMENT



Effective January 1, 2017 through December 31, 2017

During 2017, Tufts University will provide a Weight Watchers® reimbursement to employees who are enrolled in a Tufts University Health Plan.

Qualifying Weight Watchers programs include:

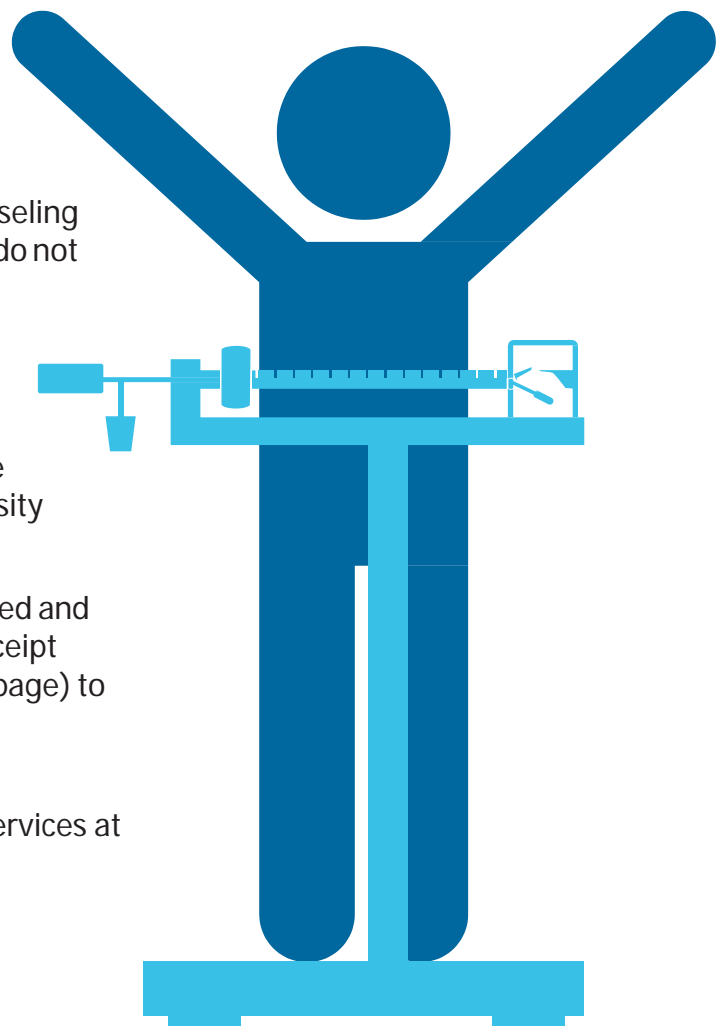
- } Traditional Weight Watchers meetings
- } Weight Watchers At Work program

Please note that the Weight Watchers Online and Weight Watchers At Home programs do not qualify. In addition, fees for individual nutrition counseling sessions, food, books, videos, scales, or other items do not qualify for the reimbursement.

The reimbursement is available to member's age 13 and older. The subscriber and one other covered dependent qualify for a 12-week reimbursement each, per calendar year, paid to the subscriber. To be eligible, members must be enrolled in a Tufts University Health Plan for at least 3 months during 2017.

To receive the reimbursement, once you have enrolled and paid for a qualifying program, mail a copy of your receipt and the reimbursement form (on the reverse of this page) to Tufts Health Plan.

For more information about the Weight Watchers reward, please contact Tufts Health Plan Member Services at 1-844-516-5790.



SUBMIT YOUR REIMBURSEMENT FORM >>>

WEIGHT WATCHERS REIMBURSEMENT FORM – 2017

You must complete all fields. Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form. Tufts University employees who have been a health plan member for at least three months during 2017 are eligible.

You have until March 31, 2017 to submit your request for the Weight Watchers reimbursement for 2017. The reimbursement applies to the subscriber and to one dependent age 13 or older per year. It is paid to the Tufts Health Plan subscriber. Tufts Health Plan usually process reimbursements within 4 to 6 weeks of receipt.

SUBSCRIBER INFORMATION (If a reimbursement is being requested for the subscriber)

Name (Last, First, Middle Initial): _____

Date of Birth: ____/____/_____ Sex: M F Tufts Health Plan ID#

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Address: _____ Telephone: _____

WEIGHT WATCHERS INFORMATION

Location Name: _____ Telephone: _____

Address: _____ Amount Paid: _____

PAYMENT INFORMATION

Please indicate which one of the following forms of proof of payment you are including with this form:

- The front and back of the cancelled check written to the Weight Watchers program or the bank-encoded front of the check written to the Weight Watchers program
- A statement from the Weight Watchers program, on the program's letterhead with an authorized signature, indicating payment

Name (Last, First, Middle Initial): _____

Date of Birth: ____/____/_____ Sex: M F Tufts Health Plan ID#

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Address: _____ Telephone: _____

Location Name: _____ Telephone: _____

Address: _____ Amount Paid: _____

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FOR INTERNAL USE ONLY

Diagnosis Code: 799

Description: General

Procedure code: S9449 Weight management class, non-physician

SIGNATURE REQUIRED

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. I understand that this reimbursement may be considered taxable income.

Subscriber Signature: (If applicable) _____ Date: _____

Dependent Signature: (If applicable) _____ Date: _____

Please submit this form and all documentation to:

Tufts Health Plan | Member Reimbursement Claims, PO Box 9191
Watertown, MA 02471-9191

Please do not staple any materials to this form



DISCRIMINATION IS AGAINST THE LAW



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

705 Mount Auburn St. Watertown, MA 02472

Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]

Fax: 617.972.9048

Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

tuftshealthplan.com | 800.462.0224

For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳については ID カードに書いてある番号に電話してください。

Khmer (Cambodian) សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

Korean 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເຮັດຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

Navajo Doo bą́ąh ilíni da Diné k'ehjí álnéehgo, hodiilnih béesh bee haní'é bee nées ho'dílzíngó nantínígíí bikáá'.

Persian. برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.