

Hog Slat Weight Management Program

The Hog Slat weight management program rewards employees and their spouses for participating in the Weight Watchers® program. We will reimburse an employee \$50.00 of their Weight Watchers® fees each quarter if they meet the participation requirements. If both the employee and their spouse each meet the participation requirements, we will reimburse an employee for \$75.00 of their Weight Watchers® fees each quarter. If a spouse participates along with the employee, two separate forms need to be completed. There are three ways to participate in the Weight Management Program:

Option 1 – Join a Weight Watchers® meeting group: Locate a Weight Watchers® group near where you work or live. Join the group and actively participate in the meetings. By the 15th of the month following your completion of the program, send your completed weight management program reimbursement form and include written proof of attending 10 out of 12 weeks of weekly Weight Watchers® meetings to wellness@hogslat.com. You can fax this information to 910-594-1392 or mail it to Hog Slat, Attn: Wellness Program, PO Box 300 Newton Grove, NC 28366.

Option 2 – Join the Weight Watchers Online® program: If you are interested joining the Weight Watchers Online® program, simply log on to www.weightwatchers.com and sign up. Be sure to complete a daily food diary as you are going through the online program. By the 15th of the month following the end of a 3 month period, send your completed weight management program reimbursement form and include a receipt for your purchase of the online program and use the form below to list your points totals for of 10 out of 12 weeks of participation to wellness@hogslat.com. You can fax this information to 910-594-1392 or mail it to Hog Slat, Attn: Wellness Program, PO Box 300 Newton Grove, NC 28366.

If you have any questions about this program or its requirements, please contact wellness@hogslat.com.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. 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 Hog Slat HR office and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

HOG SLAT WELLNESS PLAN WEIGHT MANAGEMENT PROGRAM REIMBURSEMENT FORM

Employee/Participant Name: _____ Work Location: _____

Weight Watcher’s Plan: ___ Online ___ Meetings

Year: 20__ Quarter: ___ 1 (Jan/Feb/March) ___ 2 (April/May/June)
 ___ 3 (July/Aug/Sept) ___ 4 (Oct/Nov/Dec)

NOTE: The maximum reimbursement is \$50.00 per quarter. The following requirements must be met before the reimbursement will be made:

- WW Meetings Program – Employee must submit a receipt for the cost of weekly meetings and written proof of attending 10 out of 12 weekly meetings (in a 12 week program) each quarter. OR
- WW Online – 1) Employee must submit a receipt for the cost of the online program and 2) print outs of their online points diaries for 10 out of 12 weeks, or they can complete the points tracker below.

Points Tracker	
POINTS	WEEK
	Week 1
	Week 2
	Week 3
	Week 4
	Week 5
	Week 6
	Week 7
	Week 8
	Week 9
	Week 10
	Week 11
	Week 12

“I certify that the above is a true and accurate representation of my weight watchers program enrollment and participation. I understand that falsifying this information could result in my removal from the wellness program and the rescinding of any premium reductions I may be receiving. “

Employee/Participant

Date