



Loyola University Chicago
WeightWatchers® Program

Mail To: Loyola University Chicago
Human Resources
820 N. Michigan Ave.
Chicago, IL 60611
Fax To: (312) 915-7612

Faculty/Staff Member's Name: _____

Department: _____

Campus: _____ Phone Number: _____

Series: [] January 1 - April 30 [] January 1 - April 30 [] January 1 - April 30

Part A

WeightWatchers® Counselor must sign off each meeting, certifying that you were present during the entire WeightWatchers meeting
You must attend 15 meetings during the 4-month series in order to receive 25% reimbursement

Table with 6 columns: Nbr., Date, Meeting Time, Weight Watcher's Location, Name of WeightWatchers® Counselor, Signature of WeightWatchers® Counselor. Rows 1-15 are shaded.

Part B

In addition to attending 15 meetings, a WeightWatchers® Counselor must certify that you have lost 10% or more of your pre-series body weight in order to be reimbursed for an additional 25% (50% combined).

I certify that the above member has lost 10% of his/her pre-series body weight by the last day of the series.

Signature of WeightWatchers® Counselor

Date

Printed Name of WeightWatchers® Counselor

Contact Phone