

Med Center Health Get Fit Club
Weight Loss Program Attendance Card

Name: _____ Emp ID: _____ Dept.: _____ Quarter: _____

Confirm _____ Date _____	Confirm _____ Date _____
Confirm _____ Date _____	Confirm _____ Date _____
Confirm _____ Date _____	Confirm _____ Date _____
Confirm _____ Date _____	Confirm _____ Date _____
Confirm _____ Date _____	Confirm _____ Date _____

Weight Loss Program/Center: _____

Directions

1. Enroll in an approved Weight Loss Program/Center of your choice.
2. Have a staff member from the Program stamp, initial or endorse this Attendance Card each time you attend the Weight Loss Program/Center (or attach attendance roster).
3. After 10 documented visits, submit this Attendance Card/Form by sending it through inter-office mail to Med Center Health Employee Wellness and you will receive a \$50 reimbursement check towards your Weight Loss Program fee.
4. No more than one reimbursement check will be issued per employee per calendar quarter.

Weight Loss Reimbursement Policy

Use of area Weight Loss Programs/Centers by Med Center Health employees is voluntary. Payment of fees is the responsibility of Med Center Health employees. Adherence to membership contract terms is the responsibility of Med Center Health employees. A partial membership fee refund is given to the employee for attendance and is not an endorsement of the Weight Loss Program/Center by Med Center Health. An attendance roster may accompany this form as proof of attendance.

Extension you can be reached: _____ Signature: _____ Date: _____