

WEIGHT LOSS/ SMOKING CESSATION INCENTIVE PROGRAM

The Plan will reimburse the Covered Person \$100 on a one-time basis for successful completion of an approved weight loss and/or smoking cessation program. Goal weight must be maintained for three months and all smoking stopped for at least six months. Please see the Human Resources Department for approved program and necessary enrollment forms or contact the Plan Administrator. An additional \$200 will be paid if weight loss is maintained and/or smoking stopped for twelve months.

Participant name

I.D. #

Today's Date

WEIGHT LOSS

Applying for: _____ 3 months _____ 12 months

Beginning Weight

lbs.

Current Weight

lbs.

Program Provider Signature

Date

Director of Human Resources

Date

SMOKING CESSATION

Date Covered Person Stopped Smoking

Date

Program Provider Signature

Applying for: _____ 6 months _____ 12 months

Director of Human Resources

Date

This form must be included with claims for reimbursement filed to:

**PBA (Professional Benefit Administrators)
P. O. Box 4687
Oak Brook, IL 60522-4687**