



LIVE YOUR BEST YOU.

FEEL GREAT IU! Weight Loss or Maintenance Challenge Weight Watchers Participant Tax Information

Acknowledgements *(Please review and initial each section)*

Participation

I understand Weight Watchers is provided as a support program for my registration and participation in the Feel Great IU! Challenge. I agree **that the value of the Weight Watchers program is considered taxable income to me and reported in box one of my W-2. Additionally, taxes on the value of the Weight Watchers program will be withheld from my paycheck.** Tax will be assessed regardless of the number of sessions attended. I understand that eligible IU Employees and spouses may receive a free 13-week community Weight Watchers voucher or attend a 12-week At-Work Weight Watchers program as part of the Feel Great IU! Challenge only. The value of the Weight Watchers program is outlined below:

- **Value of the 13-week Weight Watchers Community Voucher or the 12-week At-Work program \$156.00**

Follow-Up with Persons/Physician

I understand Healthy IU programs are **voluntary** and I am responsible for monitoring my own condition throughout any weight loss or physical activity and should any symptoms occur, I would cease my participation and consult my physician. In signing this consent form, I affirm that I have read this form in its entirety and I understand the protocol.

Release of Liability

I also agree to assume the risk of participating in the Weight Watchers program, and further agree to hold harmless Indiana University, its employees and agents, from any and all claims, suits, losses or related cause of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from my participation in the Weight Watchers program.

Other Weight Watchers Products

The Feel Great IU! Challenge covers the cost of Weight Watchers group meetings and 14 weeks of e-tools. Indiana University is **not** responsible for any cost you incur by utilizing Weight Watchers e-tools beyond the 14-week trial period or other Weight Watchers products.

No Returns

I understand that I may **not** return the vouchers, in part or in whole, expecting a reversal of the income tax withheld.



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Meetings

I agree that I am responsible to locate my own Weight Watchers meetings, whether in a public setting requiring vouchers or at the At-Work meeting locations. (Registration is required for both the At-Work meetings and Vouchers and are limited to the first come, first serve registrants.)

Information

I agree to provide all of the following information in order to avoid delay in receiving my Weight Watchers benefit. If I am using Weight Watchers vouchers, I will provide my home address so that the vouchers may be mailed directly to me. **(Please print legibly.)**

Employee Name (Printed): _____

Employee Signature: _____

Spouse Name (if participating): _____

Spouse Signature (if participating): _____

Employee ID#: _____

Employee Campus Email: _____

Meeting Location (for At-Work Sessions only): _____

Today's Date: _____

Participant is: _____ Employee _____ Spouse

(Tax will be withheld from employee's pay for participating spouse)
Please fill out a separate form for each participant

For Voucher recipients only:

In order for us to send your vouchers, please provide your home address:

Completed forms can be scanned and emailed to: healthyu@indiana.edu or faxed to (317)274-5285