



# PSC-CUNY WELFARE FUND

61 Broadway, 15<sup>th</sup> Floor, New York, NY 10006  
(212) 354-5230 FAX (212) 354-5363

## WEIGHT WATCHERS PARTICIPATION CLAIM FORM

The Welfare Fund will reimburse members for up to 8 weeks of participation in a certified Weight Watchers program at 80% of the approved charges: registration plus 7 session fees. *Please include receipts with this claim form and send to the Fund office at the address above.*

Please print clearly and enter all information accurately. Any errors will delay the processing of your claim.

Member's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Member's SS#: \_\_\_\_\_

Gender            Female \_\_\_\_\_  
                      Male     \_\_\_\_\_

College            \_\_\_\_\_

I certify that I am eligible for this benefit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date