



# Healthy Weight Incentive

## Application Form

**Yes**, I'm committed to achieving a healthy weight that is right for me! Please register me for the MCSIG Healthy Weight Incentive.

Name:	Social Security # (Last 4 only):
Address:	
Telephone: (     )	District:
E-mail:	

I understand that in order to qualify for the MCSIG Wellness reimbursement of **50% of my program fees** up to a maximum of **\$400 per year** from any of the approved healthy weight programs, I must meet the following criteria.

1. You must be a MCSIG member with medical benefits over age 18.
2. You must be significantly overweight and have a Body Mass Index (BMI) score of **27** or more (see the Body Mass Index Table below).
3. You must submit this Healthy Weight Incentive application and receive approval from MCSIG prior to starting your program or retroactive with approval from MCSIG Wellness.
4. Once you are approved, you must attend 80% of the sessions (e.g., 13 out of 17 classes) if appropriate to qualify.
5. You must send a copy of your participant card and receipts to the MCSIG Wellness Program showing your attendance dates and beginning and ending weight.
6. You must lose at least **5 lbs. over 12 weeks**. You must re-apply after 12 weeks to receive any additional reimbursement.
7. You must agree to be contacted one year after the end of your program to verify if you've kept 50% of the weight off in order to receive the **BONUS 50%** of the first 12 months program fees (limited to \$400).
8. Approved programs: **Weight Watchers**, CHOMP's **Weigh of Life** and **Kaiser Permanente Medical Weight Management Program**.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please fax (755-0172) or e-mail this application to Neil Hertsch (nhertsch@mcsig.com)  
 www.mcsig.com Phone: 831-755-0161

Your current Weight:	
Height:	
BMI:	
<b>BMI Chart</b>	
BMI less than 18.50	Underweight
BMI 18.50—24.99	Healthy Weight
BMI 25.00—29.99	Overweight
BMI 30 or more	Obese

		Body Mass Index Table																							
		Weight																							
		120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320			
5'0"	Height	23	25	27	29	31	33	35	37	39	41	42	44	47	49	51	53	55	57	59	61	62			
5'1"	Height	23	25	26	28	30	32	34	36	38	40	42	43	45	47	49	51	53	55	57	59	60			
5'2"	Height	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59			
5'3"	Height	21	23	25	27	28	30	32	34	35	37	39	41	43	44	46	48	50	51	53	55	57			
5'4"	Height	21	22	24	26	27	29	31	33	34	36	38	39	41	43	45	46	48	50	51	53	55			
5'5"	Height	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53			
5'6"	Height	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	48	50	52			
5'7"	Height	19	20	22	23	25	27	28	30	31	33	34	36	38	39	40	42	44	45	47	49	50			
5'8"	Height	18	20	21	23	24	26	27	29	30	32	33	35	36	38	40	41	43	44	46	47	49			
5'9"	Height	18	19	21	22	24	25	27	28	30	31	32	34	35	37	38	40	41	43	44	46	47			
5'10"	Height	17	19	20	22	23	24	26	27	29	30	32	33	34	36	37	39	40	42	43	44	46			
5'11"	Height	17	18	20	21	22	24	25	26	28	29	31	32	33	35	36	38	39	40	42	43	45			
6'0"	Height	16	18	19	20	22	23	24	26	27	28	30	31	33	34	35	37	38	39	41	42	43			
6'1"	Height	16	17	18	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42			
6'2"	Height	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41			
6'3"	Height	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40			
6'4"	Height	15	16	17	18	19	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39			

Source: Adapted from *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*. National Heart, Lung, and Blood Institute, 1998.