

EZFit Reimbursement Form

Submit your EZFit reimbursement form by the 5th of the month to be processed and reimbursed between the 15th to the 20th of that month. Any form received after the 5th of the month will be processed the following month. We will only process a reimbursement request for **ONE** month at a time. You cannot submit multiple months to be processed at the same time. All reimbursements for the calendar year must be submitted by the 5th of January.

Please note there will be random audits with submitted receipts.

Attach a copy of your health club sign-in history showing you visited the wellness club **12** days or more during the month.

Month submitting for: *(check one)*

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Member Name: _____ Member ID: _____
(Separate form required for each participant)

Signature: _____ Date: _____



Please send to HealthEZ:

Email: EZFit@healthEZ.com

Fax: 952.896.4888

Mail: HealthEZ

Attn: EZFit

7201 W. 78th St.

Suite 100

Bloomington, MN 55439