



## The EZFit program from HealthEZ makes it easy for members to get credit for their health club workouts.

This program is open to employees enrolled in the health plan. EZFit members can receive up to \$20 per month towards club membership costs if they meet the required **12** days per month. The program covers up to two people per household who are 18 years of age or older.

Submit your EZFit reimbursement form by the 5<sup>th</sup> of the month to be processed and reimbursed between the 20<sup>th</sup> to the 31<sup>st</sup> of that month via direct deposit.

1. A copy of your monthly bill or payment history showing your monthly membership dues
2. Proof of attendance
3. EZFit reimbursement form
4. Voided check

\*Note: Any form received after the 5<sup>th</sup> of the month will be processed the following month. We will only process a reimbursement for **ONE** month at a time. All reimbursement for the calendar year must be submitted by the 5<sup>th</sup> of January.

# EZFit Enrollment Form

Please attach a voided check (checking account).

Reimbursements will be issued via direct deposit made into a bank account of your choice.

Please note there will be random audits with submitted receipts.

Member Name: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_  
(Separate form required for each participant)

Health Club Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Club Address: \_\_\_\_\_

Cost of Dues: \$ \_\_\_\_\_ per month

Claim is for (Check one):

Subscriber (policy holder)

Spouse (of policyholder)

Dependent (18 to 26)

*I authorize the release of any health club membership information HealthEZ may need to process this fitness reimbursement request. I certify that the information provided is complete and correct.*

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