

# EZFit Reimbursement Form

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. Any form received after the 5<sup>th</sup> 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 5<sup>th</sup> 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: \_\_\_\_\_ Subscriber 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

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