



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

This program is open to employees enrolled in the health plan. EZFit members can receive \$20 per month if they meet the required **10** days of workouts per month.

Submit your EZFit reimbursement form by the 5th of the month to be processed and reimbursed between the 15th to the 25th of that month via direct deposit.

1. Proof of attendance/workouts
2. EZFit reimbursement form
3. Voided check or bank routing and account information

***Note:** Any form received after the 5th of the month will be processed the following month. All reimbursement for the calendar year must be submitted by the 5th of January.

EZFit Enrollment Form

Please attach a voided check or bank routing and account information. Reimbursements will be issued via direct deposit made into a bank account of your choice.

***Note: Any form received after the 5th of the month will be processed the following month. All reimbursement for the calendar year must be submitted by the 5th of January.**

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

Health Club Name: _____ Phone: _____

Health Club Address: _____

Cost of Dues: \$ _____ per month

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