

# 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. 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 workout history showing your attendance of 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