



## EZfit Enrollment Form

Employee health plan participants are eligible for up to \$20 reimbursement on health club membership fees in months where they work out a minimum of 8 times at an approved facility. Family insurance plans are eligible for up to 2 reimbursements per month if both employee and spouse each work out a minimum of 8 times. Reimbursement is limited to the amount paid monthly in membership fees, up to \$20 per employee (\$40 per family).

**Submit to HealthEZ a copy of your (and your spouse's) monthly bill or payment history showing the amount of your monthly membership dues and a statement from your health club showing your monthly health club visits. Reimbursement will be based on the monthly activity submitted.**

Reimbursements will be a direct deposit made into a bank account of your choice. **Please attach a voided check (checking account) or a deposit slip (savings account) to set up direct deposit.**

Please note there will be random audits with submitted receipts.

Member Name: \_\_\_\_\_

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

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

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

*I hereby authorize my health club listed below to furnish verification of my monthly dues and sign-in history upon request by HealthEZ.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send to HealthEZ:**

**Email:** [EZfit@HealthEZ.com](mailto:EZfit@HealthEZ.com)

**Fax:** 952.896.4888

**Mail:** HealthEZ

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