



EZfit Reimbursement Form

Submit your EZfit claims monthly or submit multiple months at one time. Any claim received by the 5th of the month will be processed and reimbursed by the 11th of that month, or first business day following. Any claim received after the 5th of the month will be processed the following month. All claims for the calendar year must be submitted by the 5th of January.

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.

Attach a copy of your health club sign-in history showing you visited the club 8 times or more during the month.

Month(s) Submitting For: (circle)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Member Name: _____
(separate form required for each participant)

Signature: _____ Date: _____

Please send to HealthEZ:

Email: EZfit@HealthEZ.com

Fax: 952.896.4888

Mail: HealthEZ
7201 W 78th St
Suite 100
Bloomington, MN 55439