

# EZFit Reimbursement Form

Submit your EZFit reimbursement form and a copy of your health club sign in history showing 10 visits or more 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.

Month submitting for: *(check one)*

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

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

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



**Please send to HealthEZ:**

**Email:** EZFit@healthEZ.com

**Mail:** HealthEZ

Attn: EZFit  
7201 W. 78th St.  
Suite 100  
Bloomington, MN 55439