



## The EZFit program makes it easy for you and your family to get credit for physical activity.

The program is open to employees and their dependents enrolled in the American Conservation Experience health plan with HealthEZ. Families enrolled in the health plan can receive up to \$300 per year for physical activity costs if they submit their proof of purchase.

Submit the EZFit reimbursement form to be processed and reimbursed via direct deposit. Reimbursements are processed on the 5th of the month.

If there are questions on reimbursement qualifications email us at

EZFit@healthez.com. Please submit the following:

1. A copy of your proof of purchase
2. EZfit reimbursement form
3. Voided check or deposit slip

**\*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 December 31st, anything submitted after December 31st will not be accepted.**

# Eligible Expenses

1. Fitness and Exercise
  - a. Gym memberships
  - b. Exercise equipment (weights, yoga mats, resistance bands, etc.)
  - c. Fitness classes
  - d. Personal training sessions
  - e. Pool only facilities
2. Fitness studios/facilities that offer the following activities also qualify: yoga, Pilates, Zumba aerobic/group classes, indoor cycling/spinning classes, kick boxing, boxing, CrossFit, strength training, tennis, indoor rock climbing
3. Online fitness subscriptions that offer classes taught by a certified instructor for the following activities also qualify: strength training, yoga, Pilates, indoor cycling/spinning, kick boxing, zumba and aerobics
4. Sports & Recreational Activities
  - a. Sports league fees
  - b. Registration fees for races or events
  - c. Hiking or Outdoor activity fees (hiking day pass, ski pass, trailhead parking, national park pass)
  - d. Outdoor activity equipment (snowboards/kayaks/paddle boards etc.)
5. Wellness Equipment
  - a. Standing desks or ergonomic office equipment, walking pads
  - b. Wearable fitness trackers (Fitbit, Garmin, etc.)
6. Exclude clothing/food/supplements

## EZFit Reimbursement Form

Please complete this form for your reimbursement. You will be reimbursed between the 15th to the 25th of the month you are submitting.

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

If there are any questions on reimbursement qualifications email us at [EZFit@healthEZ.com](mailto:EZFit@healthEZ.com).

Employee Name: \_\_\_\_\_

HealthEZ Subscriber : \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cost of Reimbursement: \_\_\_\_\_



Please send to HealthEZ:

Email: [EZFit@healthEZ.com](mailto:EZFit@healthEZ.com)

Mail: HealthEZ- Attn: EZFit  
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