

PNW Employee Wellness Fitness Center Reimbursement Form

To qualify for the \$30 reimbursement on your PNW Fitness Center Membership you must:

1. Be a PNW benefits-eligible employee or their spouse **AND**
2. Have participated in either:
 - o A Wellness Panel at a PNW Employee Health Screening held on-campus or via a voucher* **OR**
 - o An Annual Wellness/Physical Exam with a Primary Care Provider*

**Wellness Panel/Annual Exam must occur in the same calendar year as PNW Fitness Center Membership purchase.*

You must complete all fields. Please Print Clearly. A copy of the PNW Fitness Center membership receipt must be attached.

PNW Employee First & Last Name:	
Spouse's First & Last Name (if applicable):	
Classification:	<input type="checkbox"/> PNW Benefits-eligible Employee <input type="checkbox"/> PNW Benefits-eligible Employee Spouse
Mailing Address:	
Phone Number:	
Email Address:	
Fitness Center Membership Purchase Date:	
I participated in:	<input type="checkbox"/> Wellness Panel from PNW Employee Wellness Sponsored Health Screening <input type="checkbox"/> Annual Wellness/Physical Visit with Primary Care Provider
Date of Annual Wellness/Physical Visit: _____	

Please submit this form and a copy of the PNW Fitness Center Membership receipt to:



Email: wellness.update@pnw.edu

Campus Mail: Employee Wellness, SWRZ 25

US Mail: Purdue Northwest, Attn: Employee Wellness, 1401 S. US Hwy 421, Westville, IN 46391

In-person drop-off: Schwarz Building (SWRZ), Room 25, 8:00am – 4:30pm CST Monday - Friday

**The reimbursement is paid to the PNW employee in the form of either an automatic payment into their bank accounts listed for payroll or a paper check mailed to the address on the form. Please allow 2-4 weeks for processing reimbursement. **

Employee Wellness Use Only:

Qualified for Discount:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials :	DIV Submitted Date:
Notes:				