**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:
	* An Annual Biometric Lab Screening that includes LDL cholesterol level and A1C **OR**
	* An Annual Wellness/Preventative Physical Exam with a Primary Care Provider\*

Physicals can be performed at the Center for Healthy Living on the Hammond campus and include a biometric lab screening. Please visit the Center for Healthy Living [website](https://www.pnw.edu/center-for-healthy-living/) for more information.

***\*Biometric Lab Screening/Physical 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. NOTE: Please do ***NOT*** attach any personal medical health information to the form.

|  |  |
| --- | --- |
| **PNW Employee First & Last Name:** |  |
| **Spouse’s First & Last Name (if applicable):** |  |
| **Classification:**  | [ ]  PNW Benefits-eligible Employee[ ]  PNW Benefits-eligible Employee Spouse |
| **Mailing Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Fitness Center Membership Purchase Date/Receipt attached:** |  |
| **I participated in:** | [ ]  Annual Biometric Lab Screening that includes LDL cholesterol level and A1C[ ]  Annual Wellness/Preventative Physical Exam with a Primary Care Provider |
|  |  **Date of Annual Biometric Lab Screening:** **or** **Date of Annual Wellness/Physical Visit:** |  |
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|  |  |

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

**Email:** wellness.update@pnw.edu

**Campus Mail:** Employee Wellness, DSAC 1069

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

**In-person drop-off:** Dworkin Student Services & Activities Complex(DSAC), Room 1069,
 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:***

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| --- | --- | --- | --- |
| **Qualified for Discount:** | [ ]  Yes [ ]  No | **Initials :** | **DIV Submitted Date:** |