



Healthy Lifestyle Reimbursement Form

Employee Name	Spouse Name
Employee ID Number	Contact Number
Date Completed	Employee Signature

-Attach proof of sessions attended including your payments

-Representative will sign/initial each time session is attended below

-Only sessions attended will be eligible for reimbursement

-Submit the completed form with attached documentation DIRECTLY TO AGA. Mail: 7605 Westfield Drive, Fort Wayne, IN 46825 or Fax: 260-489-0365

-All reimbursement checks for active employees are considered taxable income and will be done directly on the employee's pay check. Claims should be submitted to AGA no later than the 20th of each month for reimbursement the following month.

Month	Week 1	Week 2	Week 3	Week 4
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

