



WCA GROUP HEALTH TRUST

FOND DU LAC SCHOOL DISTRICT

GROUP#: 76-440165

**HEALTH CLUB REIMBURSEMENT FORM
(7/01/15)**

NAME: _____

MEMBER ID#: _____

FITNESS CENTER: _____

REIMBURSEMENT \$120.00 - Single Annual Maximum

AMOUNT: \$240.00 - Family Annual Maximum

SIGNATURE: _____

FORWARD TO: WCA Group Health Trust
Attn: Amy Wald
18550 West Capitol Drive
Brookfield, WI 53045

OR FAX TO: WCA Group Health Trust
262-781-0026

(BE SURE TO ATTACH RECEIPT)!