



TechFit Wellness Program Benefit Form

Employee Information

Please complete this section in its entirety and submit it to the service provider.

Employee M#:

M								
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(Locate your M# by clicking "What is my new ID number?" at www.mynewid.mtu.edu)

Employee Name: _____

Current TechFit Employee Balance: _____ Dependent Balance: _____

(TechFit balances can be found in your Banweb account under "Benefits and Deductions" at www.banweb.mtu.edu)

Service Provider: _____

<i>For Employee</i>	<i>For Dependent</i>
Description of Activity: _____ _____ _____	Dependent Name: _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Amount to be used: _____	Description of Activity: _____ _____ Amount to be used: _____

I understand this benefit is taxable and I will see the tax liability on a future paycheck. Total taxable amount \$ _____

Employee Signature: _____ Date _____

Information for Service Provider

Please ensure that this form is complete. Incomplete forms may delay your payment

Please attach completed form(s) to an invoice. Multiple forms can be submitted on one invoice. Invoices must include an invoice number. It is encouraged that you bill the University monthly.

Please send invoice and original form(s) to:

Benefits Office
Michigan Technological University
1400 Townsend Drive
Houghton, MI 49931

More information on the TechFit Benefit can be found at <http://www.mtu.edu/hr/wellness/techfit/>

Please email benefits@mtu.edu with any questions.

Benefits Office Approval: _____

Date _____