



WCA GROUP HEALTH TRUST

CITY OF MENASHA

GROUP#: 76-440178

HEALTH CLUB REIMBURSEMENT FORM

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 HEALTH CLUB RECEIPT!)