



TechFit Wellness Program Benefit Form

This form must be completed in its entirety by the employee and returned to the provider of service to be included with the invoice being bill to the University. There is no payment without this form included.

M#: [] [] [] - [] [] - [] [] [] [] [] []

Employee Name: _____ (print)

TechFit Eligibility: (Who is the benefit for?)

Employee: _____ Amount: _____ (print)

Dependent: _____ Amount: _____ (print)

Provider of Service and Title of Activity _____ (Omission of information may delay payment)

Earnings Code: [T] [F] [T]

Units: [0] [0] [1]

Total Amount: [] [] [] . [] []

(Total TechFit benefit approved)

Check if total should be taxed over 2 pays. Otherwise, this amount will be taxed in one payroll.

I understand the amount paid on my behalf for the TechFit Wellness Program will be subject to social security, federal and state withholding.

Employee Signature: _____ Date _____

Benefits Office Approval: _____ Date _____