



Andrews University

Health Engagement

2024-2025 Fitness

Name of Employee: \_\_\_\_\_

Employee ID number: \_\_\_\_\_

Date	Time of Class	Name of Class	Instructors Signature

Submit completed forms to Benefits via:

email at [benefits@andrews.edu](mailto:benefits@andrews.edu)

fax 269-471-6293 fax

in person, 2<sup>nd</sup> floor of administration building, office 213A