

Andrews University

Health Engagement

2025-2026 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
- fax 269-471-6293 fax
- in person, 2nd floor of administration building, office 213A

4150 Administration Dr.
Berrien Springs MI 49104-0840
Office: 269-471-3327
Fax: 269-471-6293
Web: Andrews.edu/hr
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