

Member Name _____

Insurance Member ID# _____ Dep # _____ ("T" = Team Member "S" = Spouse)

Date of Birth ____/____/____ Gender: M F E-Mail _____

Address _____

City _____ State _____ Zip _____

Cell _____ Work Phone _____

Member Authorization of Credit:

Type of Account:

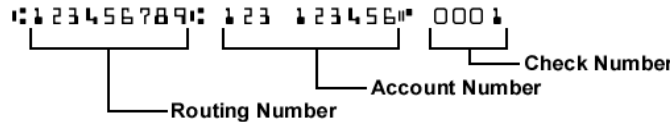
Checking (attach voided check below)

or

Savings (attach savings deposit slip below)

Routing Number: _____

Account Number _____



Sample BCBSMN Card



For Fitness Center Use ONLY: New Enrollment Change in Insurance/Employer Info Change in Bank Account Info

Fitness Center Name _____

Club # _____

Fitness Center Member _____

Monthly Average Dues \$ _____

Member Initials:

- _____ A. I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive up to a \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each employed adult can qualify for a monthly credit of up to \$20; only 1 workout per day is counted.
- _____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 12 days in January, verified in February, credit applied to account by the end of February.
- _____ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- _____ D. I understand that canceling my fitness center membership may result in forfeiture of any unapplied credits. All applied credits will be reimbursed to the out-going member(s).
- _____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

I understand the above statements and authorize the above fitness center to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above fitness center to discontinue the electronic deposits of funds.

Signature _____

Date ____/____/____

