

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:

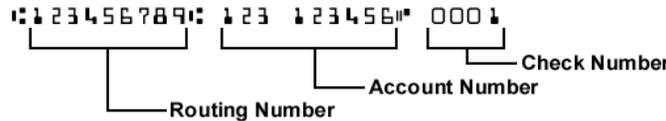
Checking (attach voided check below)

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

