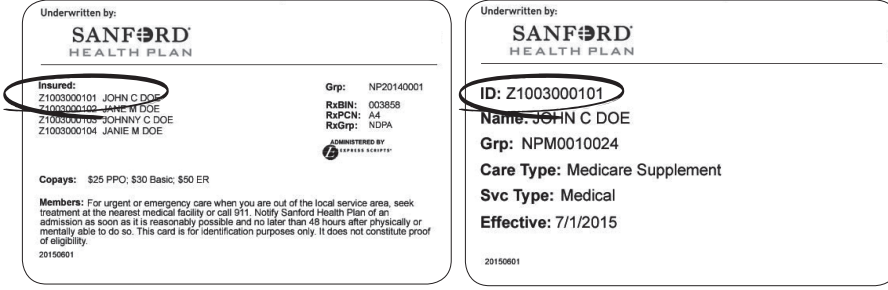


# Fitness Center Reimbursement Enrollment Form

Member Name (as it appears on your ID card) \_\_\_\_\_  Subscriber  Spouse  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F E-Mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Insured Member ID #: \_\_\_\_\_

## Example of Sanford Health Plan ID Cards



## For Fitness Center Use ONLY:

New Enrollment  Change in Bank Account Info  
 Change in Insurance/Employer Info  
 Fitness Center Name \_\_\_\_\_  
 Fitness Center Member \_\_\_\_\_  
 Club # \_\_\_\_\_  
 Monthly Average Dues \$ \_\_\_\_\_

## Member Initials:

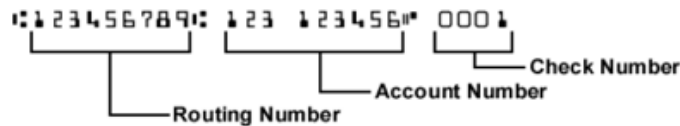
- \_\_\_\_\_ A. I understand I must work out at the fitness facility named above twelve (12) \* days per calendar month to receive up to a \$20 reimbursement. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. The insured member and the insured member's covered spouse may participate in the program. Each adult can qualify for a monthly reimbursement; only 1 workout per day is counted.
- \_\_\_\_\_ B. I understand there will be a period of time between the completed month and the applied reimbursement. Example: work out 12 days in January, verified in February, reimbursement applied to account by the end of February.
- \_\_\_\_\_ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the reimbursement is applied.
- \_\_\_\_\_ D. I understand that canceling my membership will result in forfeiture of any unapplied reimbursements. All applied reimbursements will be credited 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.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Member Authorization of Credit:

Type of Account:  Checking (**attach voided check below**)  Savings (**attach savings deposit slip below**)

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



I 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE ATTACH VOIDED CHECK HERE.**