



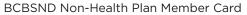
Enrollment Form

Please complete and return to your health club.

IMPORTANT: A photocopy of the Blue Cross Blue Sheild North Dakota (BCBSND) ID card is required with this enrollment form. If at any time your BCBSND card information changes, please update the fitness center to ensure credit application.

BCBSND Health Plan Member Card







Member Information				
Male	Female			
Address				
	State	ZIP		
Home Pho	ne	Work Phone		
For Fitness Center Use ONLY				
New Enrollment Change in Insurance/Employer Info Change in Bank Account Info				
		Club Number		
		Monthly Average Dues		
	Home Pho	State Home Phone		

Member Initials				
Initial				
	I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive points. I also understand my workout must happen inside the facility and/or within the facility's supervised programming. A maximum of two qualifying adults per household may participate in the program. Each adult can qualify for monthly points; only 1 workout per day is counted.			
	I understand there will be a period of time between the completed month and the applied points. Example: work out 12 days in January, verified in February, points awarded to HealthyBlue account by the end of February.			
	I understand I must have a paid membership at the fitness facility named above.			
	I understand that canceling my membership will result in forfeiture of any unapplied points			
	I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.			
Signature				
Client's Sign	ature	Date		
Banking Information (Required)				
Type of Account				
Checking (attach voided check below)				
Routing Number		Account Number		
Check Number Routing Number				
NIHCA administers fitness reimbursement programs for several insurance providers and employers utilizing the same enrollment system, which is universally programmed to require banking information during the enrollment process. I understand that banking information is required in order to enroll in the health club credit program, even though my credit will be awarded to me as points in my HealthyBlue account, and that my banking information will not be utilized for any reason other than to complete my enrollment into the program.				
Client's Sign	ature	Date		