



Fergus Falls Area Family YMCA  
1164 N Friberg Ave, Fergus Falls MN 56537 • 218-739-4489



BlueCross BlueShield  
of Minnesota  
An Independent Member of the Blue Cross and Blue Shield Association

## BluePrint for Health® Fitness Discounts Enrollment Form (please print)

**First/Last Name of first participating adult:** \_\_\_\_\_ **MI** \_\_\_\_\_ **BC/BS Enrollment Date** \_\_\_\_\_

Blue Cross Blue Shield Subscriber ID #: \_\_\_\_\_

Blue Cross Member ID #: \_\_\_\_\_ Blue Cross Group #: \_\_\_\_\_ - \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**First/Last Name of second participating adult** *(must be insured through the same policy as person listed above):*

\_\_\_\_\_ **MI** \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Blue Cross Member ID #: \_\_\_\_\_ *(two numbers in front of name on insurance card)*

Membership Type:

Family\_\_\_\_ Couple\_\_\_\_ Single Parent Family\_\_\_\_ Adult\_\_\_\_ Young Adult\_\_\_\_ Senior\_\_\_\_ Senior Couple\_\_\_\_

### Policyholder Read and Initial Each Statement:

- \_\_\_\_\_ A. I understand that by signing up for payments through a monthly bank draft, I am agreeing to a one-year membership commitment at the Fergus Falls Area Family YMCA whether or not I am eligible for this fitness discount, and that a \$50 early termination fee will be charged if this membership commitment is not fulfilled.
- \_\_\_\_\_ B. I understand each adult must work out twelve or eight days (depending on the policy) per calendar month to receive the \$20 reimbursement. A maximum of two qualifying adults (age 18 and over) per household may participate in this program and they must be listed on this enrollment form if covered under the same policy.
- \_\_\_\_\_ C. I understand that the YMCA reimburses members monthly through a processing company, Vanco Services Inc., as a direct deposit into my checking or savings account that is on file with the YMCA.
- \_\_\_\_\_ D. I understand the reimbursements issued cannot exceed the total monthly membership for the month the reimbursement is applied.
- \_\_\_\_\_ E. I understand that canceling my membership will result in forfeiture of any unapplied reimbursements.
- \_\_\_\_\_ F. I understand that it is each adult's responsibility to ensure that his or her visit is recorded by swiping his or her membership card at the time of the workout at the Fergus Falls Area Family YMCA, and that only visits to the Fergus Falls Area Family YMCA are eligible.
- \_\_\_\_\_ G. I understand that Blue Cross and Blue Shield of MN will verify my eligibility each month, and should my eligibility change, I will no longer receive reimbursements.
- \_\_\_\_\_ H. I understand that I am responsible for having the full membership dues amount in my designated bank account each month and am responsible for all insufficient fund and return fees including the YMCA's \$30 return check fee.
- \_\_\_\_\_ I. I understand that there will be a period of time between the completed month and the applied credit. Example: January workout days are verified in February, and the credit is applied to the members account by the last day of the verification month.

Signature \_\_\_\_\_

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