



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



HealthPartners® Frequent Fitness Enrollment Form (please print)

First/Last Name of *first* participating adult: _____ MI _____

HealthPartners Member ID # _____ HealthPartners Group # _____

Gender: M F Birth Date ___/___/___

First/Last Name of *second* participating adult: _____

HealthPartners Member ID # _____ HealthPartners Group # _____

Gender: M F Birth Date ___/___/___ Home Phone: _____

Address _____

City _____ State _____ Zip _____

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 a minimum number of 12 days per calendar month to receive a reimbursement from Fergus Falls Area Family YMCA. The maximum monthly monetary incentive amount and workout requirement is determined by HealthPartners and may be changed with notification through standard member communications in cooperation with Fergus Falls Area Family YMCA. Each adult can qualify for a monthly reimbursement. A maximum of two qualifying adults per household may participate in the program.

___ C. I understand that an adult may be partially or wholly ineligible for Frequent Fitness reimbursement in a given month if monthly club dues are less than the stated monetary incentive. Examples of this may be obtained from Fergus Falls Area Family YMCA if applicable.

___ D. 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.

___ E. I understand the canceling my Fergus Falls Area Family YMCA membership or dropping my HealthPartners coverage, or becoming otherwise ineligible for the Frequent Fitness program will result in forfeiture of any unapplied reimbursements.

___ F. I understand that it is each participating adult's responsibility to ensure that each of his or her visits 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 only one (1) workout per day will count toward the monthly total for the Frequent Fitness program.

___ H. 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.

Reimbursement is subject to program terms and conditions. HealthPartners reserves the right to modify reimbursement levels or terminate the program and may do so at any time.

Signature _____

Date ___ / ___ / ___