



**Fit Choices<sup>®</sup> by Medica Enrollment Form** (please print)

Member Name: \_\_\_\_\_ Medica Enrollment Date \_\_\_\_\_  
 FIRST LAST MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_

Health Plan ID # \_\_\_\_\_ 2-Digit Indicator (if applicable): \_\_\_\_\_

Health Plan Group # \_\_\_\_\_

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 program, and that a \$50 early termination fee will be charged if this membership commitment is not fulfilled.
- \_\_\_\_\_ B. I understand that only one adult may work out eight/twelve days per calendar month (depending on your policy) to receive the \$20 reimbursement.
- \_\_\_\_\_ C. I understand 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.
- \_\_\_\_\_ D. I understand that the reimbursement will be automatically deposited into my checking or savings account by our processing company, Vanco Services Inc.
- \_\_\_\_\_ E. I understand the reimbursement issued cannot exceed the total monthly membership for the month the reimbursement is applied.
- \_\_\_\_\_ 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 Medica will verify my eligibility, and should my eligibility change, I will no longer receive reimbursement toward membership fees.
- \_\_\_\_\_ 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.

Signature \_\_\_\_\_

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