



## Health Club Credit Program BCBS of North Dakota



An independent licensee of the Blue Cross & Blue Shield Association

**Membership Joiner Fees will not be waived at the time of membership enrollment if this form is incomplete, unsigned, or if we do not have copies of insurance cards and a voided check. Enrollment in the Fitness Discount Program cannot be completed without all of this information.**

### Enrollment Form

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Fitness Center Name \_\_\_\_\_ Club # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fitness Center Enrollment Date \_\_\_\_\_ Monthly Dues \$ \_\_\_\_\_

Authorization Type:  New Authorization  Change Account Information  Change Insurance Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

BCBSND Health Plan ID Number            (12 characters including alpha prefix)

**OR**

BCBSND Wellness ID Number  **W**         (10 characters including alpha prefix)

Gender  M  F Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of 2<sup>nd</sup> Person on the Plan: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please deposit my reimbursement to the following account:**  Checking Account  Savings Account

**\*You must attach a copy of a voided check** Account # \_\_\_\_\_ Routing # \_\_\_\_\_

#### **Fitness Rewards Policy Holder Statements – Read & Sign Below**

- I understand that to be eligible for fitness rewards I must have my membership dues auto deducted from my checking/ savings account or credit card and that I cannot be reimbursed for more than I pay in membership dues.
- 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.
- I understand that the YMCA reimburses members monthly through a processing company, Vanco Services Inc., as direct deposit into a checking or savings account.
- I understand that canceling my membership will result in forfeiture of any unapplied reimbursements.
- 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 made in person to the Fergus Falls Area Family YMCA are eligible.
- I understand that Blue Cross and Blue Shield of ND will verify my eligibility each month, and should my eligibility change, I will no longer receive reimbursements.
- I understand that I am responsible for having the full amount of my membership dues in my designated bank account each month and am responsible for all insufficient fund/return fees including the YMCA's \$30 return check fee.
- 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 my account by the last day of the verification month.

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