

ENROLLMENT FORM



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

Name of Blue Cross and Blue Shield of MN policyholder _____

BCBSMN Member I.D.# _____ Sub ID _____ Group # _____
(12 characters) (Two digits)

Gender: M F Date of Birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Name of second participating adult (18+) *(must be insured through policyholder listed above):*

_____ Gender: M F Birthdate ____ / ____ / ____

BCBS MN Member I.D.# _____ Sub ID _____ Group # _____
(12 characters) (Two digits)

E-mail: _____

For Fitness Center use ONLY

Fitness Center Name _____	Club # _____
Membership Type: One Adult ___ Two Adults ___ Family ___ Other: _____	
Fitness Center Member 1 _____	Monthly average dues _____
Fitness Center Member 2 _____	Monthly average dues _____

Initial:

- _____ A. I understand each adult must work out twelve (12)* days per calendar month to receive the \$20 credit towards the fitness center membership fee. Each adult can qualify for a \$20 monthly credit towards the membership fee. A maximum of two qualifying adults per household may participate in this program.
- _____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 12 days in January, verified in February, credit applied to fitness center account in March.
- _____ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- _____ D. I understand that canceling my membership will result in forfeiture of any unapplied credits.
- _____ E. I understand that it is each adult's responsibility to ensure that their visit is recorded at the time of their workout.

Office Use Only	
New Member	_____
Existing Member	_____

Signature _____

Date ____ / ____ / ____

Some plans, including self-insured and service co-ops may be at 8 visits per month pending on health plan design.

IMPORTANT

A photocopy of the front and back of your member ID card is required with this enrollment form. If at any time your member ID card information changes, please update the fitness center to ensure credit application. Thank you.