

Health Club Credit Program



Enrollment Form

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 _____

Noridian Mutual Health Plan ID Number (9 characters including alpha prefix)

OR

Noridian Mutual Wellness ID Number (10 characters including alpha prefix)

Gender M F Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Initial

- _____ A. I understand I must work out 12 days or more per calendar month to receive a monthly credit of up to \$20 toward the health center membership fee. A maximum of two qualifying adults per household may participate in this program.
- _____ B. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.
- _____ 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 fitness center account in March.
- _____ D. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- _____ E. I understand that canceling my membership will result in forfeiture of any unapplied credits.
- _____ F. If your Noridian Mutual eligibility changes, please let your health center staff know. Please contact Noridian Mutual as it may affect your wellness program credit eligibility.

NORIDIAN Mutual Insurance Company **PreferredOne**

Svc Type: Medical and Rx Benefits
 RxBIN 610455
 RxPCN NORID
 ID **XXXXXXXXXX** → This is your Health Plan ID #
 Name JOHN J DOE
 ID ATTACHMENT MESSAGE
 GROUP NUMBER
 OFFICE COPAY INFO

A Nationwide PPO and Affiliated Networks:
 Beech Street **BEACON** **BEACON** **BEACON** **BEACON** **BEACON** **BEACON** **BEACON** **BEACON** **BEACON** **BEACON**
 CORPORATION LA, MS MT, WA IA, NE WV AR

OR

Your Noridian Mutual
 Wellness ID number is
W123456789

This is your ID # if you are not covered by a Noridian Mutual health plan.

Signature _____ Date _____