



UnitedHealthcare

Fitness Club Credit Enrollment Form- Please Print clearly

First Name _____ Last _____ MI _____

Group # _____ Member or Subscriber ID # _____
6 digit number 9 digit number

Date of Birth ____ / ____ / ____ Employer's Employee Number _____

Address 1 _____

Address 2 (City) _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Name of second participating adult (18+) *Must be insured through policy holder listed above:*

_____ Birthdate ____ / ____ / ____

Group number# _____ Member or Subscriber ID # _____
6 digits 9 digits

E-mail: _____

Fitness Center use only:

Fitness Center name _____	Club # _____ (assigned by Apex)
Fitness Center Member 1 # _____	Monthly average Membership dues amount. _____
Fitness Center Member 2 # _____	Monthly average Membership dues amount. _____

- _____ A. I understand each adult must work out the required number of visits per calendar month as described by my employer to receive the \$20 credit toward the fitness center membership fee. Each adult can qualify for a \$20 monthly credit toward their membership fee. A maximum of two (2) qualifying adults per household may participate in this program. (Only one visit per day will be counted toward the credit program.)
- _____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out in January, verified in February, credit applied to the Health club membership in March.
- _____ C. I understand the credit issued cannot exceed the total monthly membership for the month the credit is applied.
- _____ D. If a monthly membership participant terminates their membership during the course of the year, any unapplied credit(s) will be forfeited.
- _____ E. I understand it is my responsibility to ensure all work out visits are recorded and tracked.

Signature _____ Enrollment Date ____ / ____ / ____