

**Frequent Fitness Enrollment Form** (please print)

**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.**

First/Last Name of *first* participating adult: \_\_\_\_\_ MI \_\_\_\_\_

HealthPartners Member ID # \_\_\_\_\_ HealthPartners Group # \_\_\_\_\_

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

First/Last Name of *second* participating adult: \_\_\_\_\_ MI \_\_\_\_\_

HealthPartners Member ID # \_\_\_\_\_ HealthPartners Group # \_\_\_\_\_

Gender: M      F      Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Home Phone: \_\_\_\_\_

Address \_\_\_\_\_

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

The account I want my reimbursements to go to is      Indicate \_\_\_\_ Checking    or    \_\_\_\_ Savings

**\*Must Provide a Voided Check Copy**

Routing #: \_\_\_\_\_ Account # \_\_\_\_\_

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

- I understand that to be eligible for reimbursements I must have my membership dues automatically deducted from my checking/savings account or credit card and that my reimbursement cannot exceed the amount of my monthly dues.
- I understand that the YMCA processes the reimbursements through a processing company called VANCO. VANCO can only deposit reimbursements to a checking or savings account.
- I understand that each adult must work out a minimum number of 12 days per calendar month to receive a reimbursement from Fergus Falls Area YMCA. The maximum monthly monetary incentive amount and workout requirement is determined by HealthPartners and may be changed with notification through standard member communications in cooperation with Fergus Falls Area Family YMCA. Each adult can qualify for a monthly reimbursement. A maximum of two qualifying adults per household may participate in the program.
- I understand that it is the responsibility of each adult to ensure that his or her visits are recorded by having his or her membership card swiped at the YMCA and that only visits made in person are counted and that only 1 visit per day will count toward the monthly visits.
- I understand that cancelling my YMCA membership or dropping my HealthPartners coverage, or becoming otherwise ineligible for the Frequent Fitness program will result in forfeiture of any unapplied reimbursements.
- 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 deposit for January visits will be made at the end of February.

*HealthPartners reserves the right to modify reimbursement levels or terminate the program at any time.*

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