



Fergus Falls Area Family YMCA
 1164 N Friberg Ave, Fergus Falls MN 56537 • 218-739-4489



Fit Choices[®] by Medica Enrollment Form (please print)

Only 1 Adult Can Be Enrolled in Medica Fit Choices[®]

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 Participating Adult: _____ MI _____

Medica Enrollment Date _____

Health Plan ID #: _____

2 Digit Indicator (if applicable): _____ Group #: _____

Gender: M F Date of Birth: ____ / ____ / ____ Home Phone: _____

Street Address: _____

City/State/Zip: _____

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

***You must attach a copy of a voided check**

Account # _____ Routing # _____

Fit Choices[®] 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 that only one adult (age 18 and over) per household may work out twelve or eight days (depending on the policy) per calendar month to receive the \$20 reimbursement.
- 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 cancelling my membership will result in forfeiture of any unapplied reimbursements.
- I understand that it is my responsibility to ensure that my 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 Medica 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 ____ / ____ / ____