



PreferredOne® FITNESS ADVANTAGE PROGRAM

MEMBER ENROLLMENT FORM (please print)

Complete 1 form for Each Participant

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.

NAME of PARTICIPATING ADULT: _____ MI _____

EMPLOYER NAME: _____

PreferredOne Member ID#: _____ Employer Account #: _____

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 # _____

PreferredOne Fitness Advantage Program® Policy Holder Statements – Read & Sign Below

- I understand this Member Enrollment Form only enrolls me in the PreferredOne Fitness Advantage Program. If my employer also allows my eligible dependent to participate, then that dependent must be 18 years of age or older and must fill out a separate Member Enrollment Form to enroll.
Terminating my coverage in my employer's group health plan automatically terminates my participation in the PreferredOne Fitness Advantage Program.
I understand that I must work out the minimum number of days per calendar month in order to receive a credit toward my membership dues. Credit will be in the form of a reimbursement to the above referenced account and is done so through a processing company called VANCO, Inc.
My employer determines the minimum number of workouts required and the amount of the credit and may change either the number of workouts and/or the amount of the credit at any time. Multiple workouts on the same day count as only one work out per day.
My employer may be provided with the minimum amount of personal information required in order to facilitate my receiving a credit. Any information provided to my employer will comply with any applicable state and federal privacy laws and data practice laws.
It is my responsibility to ensure that all workouts are recorded and tracked by the facility and only visits made in person to the Fergus Falls Area Family YMCA are eligible.
Visits for a calendar month are reported at the start of the next month and will be deposited at the end of that reporting month.
I will consult with my personal medical provider before undertaking a fitness regimen.
I will release and hold harmless my employer and PreferredOne from any and all responsibility, liability, claims, and causes of action for any loss, damage or injury that may result from my participation in the PreferredOne Fitness Advantage Program.
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 credits issued cannot exceed the amount of my membership dues.
I understand that cancelling my membership will result in forfeiture of any unapplied 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.

Signature _____ Date ____ / ____ / ____