



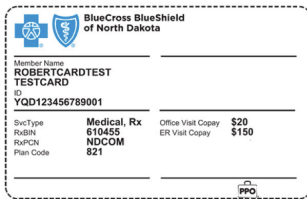
Enrollment Form

Please complete and return to your health club.

IMPORTANT: A photocopy of the Blue Cross Blue Shield North Dakota (BCBSND) ID card is required with this enrollment form. If at any time your BCBSND card information changes, please update the fitness center to ensure credit application.

BCBSND Health Plan Member Card

BCBSND Non-Health Plan Member Card



| Member Information | | | |
|---|------------|---|----------------------|
| Member Name <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse | | | |
| Health Plan ID Number OR Wellness ID Number | | | |
| Date of Birth (mm/dd/yyyy) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address | | | |
| City | | State | ZIP |
| Email | Home Phone | | Work Phone |
| For Fitness Center Use ONLY | | | |
| <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Insurance/Employer Info <input type="checkbox"/> Change in Bank Account Info | | | |
| Fitness Center Name | | | Club Number |
| Fitness Center Member | | | Monthly Average Dues |

Member Initials**Initial**

I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive points. I also understand my workout must happen inside the facility and/or within the facility's supervised programming. A maximum of two qualifying adults per household may participate in the program. Each adult can qualify for monthly points; only 1 workout per day is counted.

I understand there will be a period of time between the completed month and the applied points. Example: work out 12 days in January, verified in February, points awarded to HealthyBlue account by the end of February.

I understand I must have a paid membership at the fitness facility named above.

I understand that canceling my membership will result in forfeiture of any unapplied points

I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

Signature

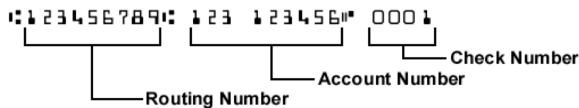
Client's Signature _____ **Date** _____

Banking Information (Required)**Type of Account**

Checking (attach voided check below) Savings (attach savings deposit slip below)

Routing Number

Account Number



NIHCA administers fitness reimbursement programs for several insurance providers and employers utilizing the same enrollment system, which is universally programmed to require banking information during the enrollment process. I understand that banking information is required in order to enroll in the health club credit program, even though my credit will be awarded to me as points in my HealthyBlue account, and that my banking information will not be utilized for any reason other than to complete my enrollment into the program.

Client's Signature _____ **Date** _____