

**Medica
Enrollment Form**



Member Name _____

Subscriber ID# _____ Grp ID# _____

Date of Birth ____/____/____ Gender: M F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

For Fitness Center Use ONLY: New Enrollment Change in Insurance/Employer Info Change in Bank Account Info

Fitness Center Name _____

Club # _____

Fitness Center Member _____

Monthly Average Dues \$ _____

Member Initials:

- _____ A. I understand each adult must work out at the fitness facility named above eight (8) to twelve (12) days per calendar month to receive the up to \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each adult (18 yrs of age or older) can qualify for a monthly credit of up to \$20; only 1 workout per day is counted.
- _____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 8 days in January, verified in February, credit applied to account by the end of February.
- _____ C. I understand I may earn up to one \$20 credit per month toward health club dues when I meet the monthly visit requirement at a participating health club. Up to two members per eligible Medica policy can earn the \$20 credit per month with a single, couple or family health club membership. Check with your employer or Medica customer service to determine your monthly credit allowance.
- _____ D. I understand that canceling my membership will result in forfeiture of any unapplied credits.
- _____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

Signature _____

Date ____/____/____

Member Authorization of Credit:

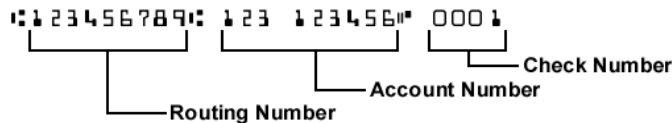
Type of Account:

Checking (**attach voided check below**)

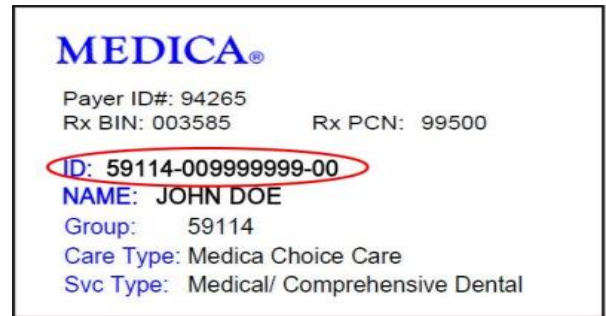
Savings (**attach savings deposit slip below**)

Routing Number: _____

Account Number _____



Example of Medica Card



I authorize the above fitness center to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above fitness center to discontinue the electronic deposits of funds.

Signature _____

Date ____/____/____

PLEASE ATTACH VOIDED CHECK HERE.