

**PREFERREDONE FITNESS ADVANTAGE PROGRAM
MEMBER ENROLLMENT FORM**

Name: _____

PreferredOne Member ID#:

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Member ID # (11 digits) is found on your PreferredOne member ID card. Each covered person has different member ID#.

Fitness Facility Name: _____

Please complete and sign this form and take it to your participating fitness facility for signature. Presentation of this Member Enrollment Form initiates the tracking of your visits by the fitness facility. Please keep a signed copy of this Member Enrollment Form for your records as verification of your enrollment in the PreferredOne Fitness Advantage Program. You do NOT need to send a copy of this form to PreferredOne as Fitness Advantage fitness facilities will contact us with your monthly usage.

I understand and agree to the following terms of participation in the PreferredOne Fitness Advantage Program:

- I understand this member enrollment form only enrolls me in the PreferredOne Fitness Advantage Program. Family level coverage may add one covered dependent. The eligible dependent must be 18 years or older and complete a separate enrollment form.
- I must work out the minimum number of days per calendar month in order to receive a credit toward my membership dues. A credit may be in the form of a reduction in my monthly membership dues or a reimbursement of a portion of my membership dues already paid.
- The Plan determines the minimum number of work outs required and the amount of the credit and may change either the number of work outs and/or the amount of the credit at any time.
- Multiple workouts on the same day count as only one work out per day.
- It is my responsibility to ensure that all work outs are recorded and tracked by the fitness facility.
- Any credit issued cannot exceed the total monthly membership dues for the month the credit is applied.
- There will be a period of time between when the number of work outs are completed in a month and when the credit is issued.
- I will consult with my personal medical provider before undertaking a fitness regimen.
- I will release and hold harmless my employer, if applicable 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.
- Canceling my membership with the fitness facility will result in forfeiture of any unapplied credit.
- Terminating my health plan with PreferredOne automatically terminates my participation in the PreferredOne Fitness Advantage Program.
- PreferredOne reserves the right to modify or discontinue this program at any time.

FOR EMPLOYER GROUPS: If I am part of a group health plan through PreferredOne, 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 state and federal privacy laws and data practice laws. If my member ID card reflects PreferredOne Administrative Services, I am required to contact my employer to determine eligibility in this program.

Member Signature: _____

Date: _____

Fitness Facility
Personnel Signature: _____

Date: _____