



# Fitness Reimbursement Program ENROLLMENT FORM

Member Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

### Member Authorization of Credit:

Type of Account:

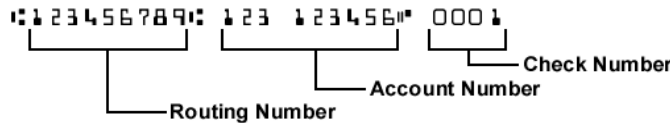
Checking (attach voided check below)

or

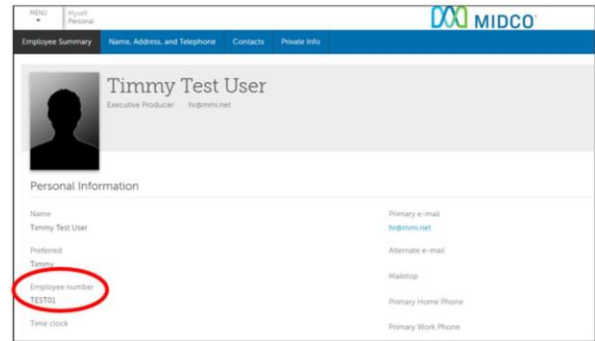
Savings (attach savings deposit slip below)

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_



### Sample Midco Employee Card



**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 I must work out at the fitness facility named above eight (8) days per calendar month to receive up to a \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each employed adult 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 the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.

\_\_\_\_\_ D. I understand that canceling my fitness center membership may result in forfeiture of any unapplied credits. All applied credits will be reimbursed to the out-going member(s).

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

*I understand the above statements and 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 \_\_\_\_/\_\_\_\_/\_\_\_\_



IMPORTANT: If at any time your information changes, please update the fitness center or go online to NIHCArewards.org to ensure your profile is accurate.