



BlueCross BlueShield of Minnesota

An Independent Member of the Blue Cross and Blue Shield Association

BluePrint for Health® fitness discounts program Enrollment Form

Name of Blue Cross and Blue Shield of MN policyholder \_\_\_\_\_

BCBSMN Member I.D.# \_\_\_\_\_ (12 characters) Sub ID \_\_\_\_\_ (Two digits) Group # \_\_\_\_\_

Gender: M F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of second participating adult (18+) (must be insured through policyholder listed above):

\_\_\_\_\_ Gender: M F Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BCBS MN Member I.D.# \_\_\_\_\_ (12 characters) Sub ID \_\_\_\_\_ (Two digits) Group # \_\_\_\_\_

E-mail: \_\_\_\_\_

Fitness Center Name \_\_\_\_\_ Club # \_\_\_\_\_
Membership Type: One Adult \_\_\_ Two Adults \_\_\_ Family \_\_\_ Other: \_\_\_\_\_
Fitness Center Member 1 \_\_\_\_\_ Monthly average dues \_\_\_\_\_
Fitness Center Member 2 \_\_\_\_\_ Monthly average dues \_\_\_\_\_

Initial:

- A. I understand each adult must work out twelve (12)\* days per calendar month to receive the \$20 credit towards the fitness center membership fee. Each adult can qualify for a \$20 monthly credit towards the membership fee. A maximum of two qualifying adults per household may participate in this program.
B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 12 days in January, verified in February, credit applied to fitness center account in March.
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 membership will result in forfeiture of any unapplied credits.
E. I understand that it is each adult's responsibility to ensure that their visit is recorded at the time of their workout.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Some plans, including self-insured and service co-ops may be at 8 visits per month pending on health plan design.

IMPORTANT

A photocopy of the front and back of your member ID card is required with this enrollment form. If at any time your member ID card information changes, please update the fitness center to ensure credit application. Thank you.

Office Use Only
New Member \_\_\_
Existing Member \_\_\_
Date: \_\_\_\_\_