

Member Enrollment Form



UnitedHealthcare Member & Program Information

All programs require that each member show proof of eligibility and completes their own form to enroll, even when sharing a joint policy or membership. *Additional forms may be required by health plan and may be requested at any time for completion. Failure to complete form or inaccurate information could be cause for rejection or suspension of benefits.

Member Information(Each member must complete their own form).

Member's First Name: _____ Member's Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Gender: M / F DOB: _____

UnitedHealthcare Information:

Activation ID Number: _____
Fitness Reimbursement Program Enrollment Date: _____

Terms and Conditions:

- A. *I understand each enrolled adult must visit the participating fitness center a minimum of twelve (12) days per calendar month to receive a reward. The maximum monthly monetary incentive amount and club visit requirement are both determined by UnitedHealthcare. Only eligible members and spouses notified by UnitedHealthcare can qualify for a monthly reward.*

- B. *I understand that it is each participating adult's responsibility to ensure that each of their club visits is recorded at the fitness center.*

- C. *I understand that there will be approximately a two-month lag time between the time I complete the visits and the month I receive the reward. For example, club visits completed in September will be rewarded near the beginning of November.*

- D. *I understand that only one (1) club visit per calendar day will count toward the monthly total for the program.*

Signature: _____ Date: _____

Club Personnel: Please keep these records in a safe secure location. Do not fax, email, or mail them to Healthy Contributions. All information should be destroyed upon termination of membership.