

Insurance Form

Insurance Company Name: _____ Ins. Co. Phone #: _____ - _____ - _____

Insured Member Name: _____

Insured Member ID #: _____ Group #: _____

Date of Birth: ____ / ____ / ____ Gender: M F *Member's Email: _____

Address: _____ City: _____

State: ____ Zip: _____ *Member's Cell #: _____ - _____ - _____ **or** Home Phone: _____ - _____ - _____

--- Please make a copy of front and back side of Insurance Card and attach to this form. Thank you!

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

Fitness Center Name: Coffee Street Fitness & Dance

Fitness Center Member Name: _____ Monthly Dues \$_____ Insurance Reimbursement \$_____

Members Initials:

_____ A. I understand I must work out at the fitness facility named above twelve (12) days per calendar month to receive up to a \$20 credit. I also understand my workout must happen inside the facility and/or within the facility's supervised programming. Each adult can qualify for a monthly credit of up to \$20; only 1 workout per day is counted. Some plans, including self-insured and service co-ops, may require only eight (8) visits per month depending on health plan design.

_____ B. I understand there will be a period of time between the completed month and the applied credit. Example: workout 12 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 cancelling my membership will 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.

Signature: _____ **Date:** ____ / ____ / ____

Member Authorization of Credit:

Type of Account to deposit my credit

___ Checking (complete below **OR** attach voided check to this form)

___ Savings (complete below **OR** attach deposit slip to this form)

Routing Number: _____ (9-digit number)

Account Number: _____

|: 1 2 3 4 5 6 7 8 9 |: 1 2 3 1 2 3 4 5 6 ||. 0 0 0 1
[_____] [_____] [_____]
Routing Number Account Number Check Number

I authorize Eternal Fitness, LLC. (known as Coffee Street Fitness & Dance) and Vanco Services, LLC. 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:** ____ / ____ / ____

Any questions on completion of this form, please contact Sandy Tammel @ Coffee Street Fitness & Dance 507-272-3731.