



**BlueCross BlueShield  
of Minnesota**

An Equal Opportunity Employer of the Blue Cross and Blue Shield Companies

**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): \_\_\_\_\_

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

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

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.

<b>Office Use Only</b>
New Member _____
Existing Member _____
Date: _____

**Authorization**

I hereby understand that I have submitted an Enrollment Form for BluePrint for Health fitness discounts to the City of Victoria.

I understand that I am not required by law to provide the information requested in the Enrollment Form to the City. I further understand that the City and/or BlueCross BlueShield of Minnesota may be unable to evaluate my eligibility for fitness discounts if I decline to provide the requested information.

I declare that the information I have provided in the Enrollment Form to the best of my knowledge is true and accurate.

I authorize the City of Victoria and/or BlueCross BlueShield of Minnesota and/or their agents and/or representatives to investigate the information contained in the Enrollment Form and contact the persons and entities named therein.

I understand that the information to be released about me by the City to BlueCross BlueShield of Minnesota may include:

1. My full name, address, home and work phone numbers and e-mail address;
2. My Blue Cross Group Number, I.D. Number and Member I.D. Number;
3. My date of birth, and/or
4. The name and birthdate of a second participating adult insured through me.

I understand that the purpose of permitting the City of Victoria and BlueCross BlueShield of Minnesota to have access to this information is to determine my eligibility for fitness discounts.

I hereby understand and agree that the information contained in the Enrollment Form will be used by the City in accordance with Minnesota Statutes Chapter 13, and other federal, state, and local laws regarding privacy of records.

This authorization is valid for a period of one year, but I reserve the right to cancel the written authorization by providing written notice to the City of that fact.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date