Medica Enrollment Form

NIHCA
National Independent Health Club Association

MEDICA®

Member Name _____

Subscriber ID# _____ Grp ID# _____

Date of Birth ____/____/____ Gender: M☐F☐

Address _____

City _____ State_____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

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 each adult must work out at the fitness facility named above eight (8) or twelve (12) days per calendar month to receive the up to $20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each adult (18 yrs of age or older) 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 I may earn up to one $20 credit per month toward health club dues when I meet the monthly visit requirement at a participating health club. Up to two members per eligible Medica policy can earn the $20 credit per month with a single, couple or family health club membership. Check with your employer or Medica customer service to determine your monthly credit allowance.

_____ D. I understand that canceling my membership will result in forfeiture of any unapplied credits.

_____ 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:

☐ Checking **(attach voided check below)**

☐ Savings **(attach savings deposit slip below)**

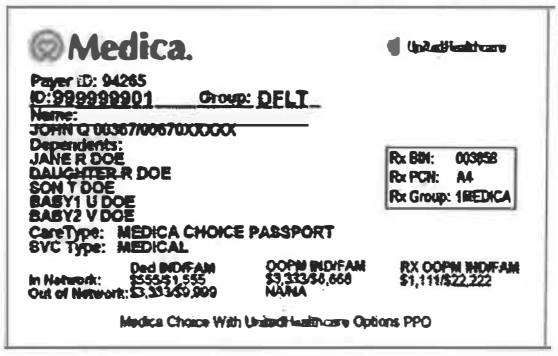
Routing Number: _____

Account Number _____

⑆123456789⑆ 123 1234567⑈ 0001

Routing Number | Account Number | Check Number

Example of Medica Card



I 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 _____/_____/_____

PLEASE ATTACH VOIDED CHECK HERE.

IMPORTANT: If at any time your Medica information changes, please update the fitness center to ensure credit application. Thank you.