

UCare Enrollment Form



Member Name _____

UCare ID# _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

Member Authorization of Credit:

Type of Account:

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

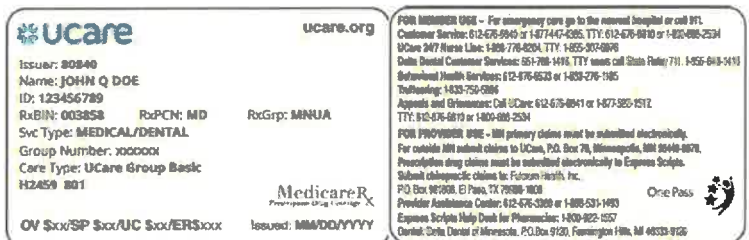
☐ **Savings** (attach savings deposit slip below)

Routing Number _____

Account Number _____

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 0 0 1
 Routing Number Account Number Check Number

Sample Card of Eligible Member:



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 that I may have a visit requirement and it is my responsibility to ensure my visit is recorded at the time of my workout. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Only 1 workout per day is counted per person.

____ B. I understand there will be a period of time between the completed month and the applied credit. Example: Member works out 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 canceling my fitness center membership may 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.

I understand the above statements and 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 deposit of funds.

Signature _____

Date ____/____/____

PLEASE ATTACH VOIDED CHECK HERE.

IMPORTANT: If at any time your information changes, please update the fitness center or go online to NIHCarewards.org to ensure your profile is accurate.