South Country Health Alliance BeActive™ Enrollment Form

NIHCA
National Independent Health Club Association

South Country HEALTH ALLIANCE

Name of SCHA Member_____

SCHA Member ID# _____ Date of Birth _____/_____ /_____

Address _____

City _____ State_____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

For Office Use ONLY: ☐ **New Enrollment** ☐ **Change in Insurance/Employer Info** ☐ **Change in Bank Account Info**

Health Club Name _____ Club #_____

Health Club Member_____ Monthly Average Dues $_____

Member Initials:

_____ A. I understand I must have a paid membership at a NIHCA participating fitness center. I must workout inside the facility and/or within that facilities' supervised programming. Only one workout per day qualifies. I will be asked to record my attendance at the health club for each workout completed.

- I must be a Families and Children, SingleCare, SharedCare, MinnesotaCare or Minnesota Senior Care Plus (MSC+) member to receive up to a $20 credit and visit a minimum of 4 days per calendar month.
- I must be a SeniorCare Complete or AbilityCare member to receive up to a $40 credit. No minimum visit requirement.

_____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 4 days in January, verified in February, credit applied to health club account in March.

_____ C. I understand the credits issued cannot exceed the total monthly membership fees for the month the credit is applied.

_____ D. I understand that canceling my membership will result in the loss of any unapplied credits. All applied credits will be reimbursed, by the health club, to the out-going member.

_____ 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:

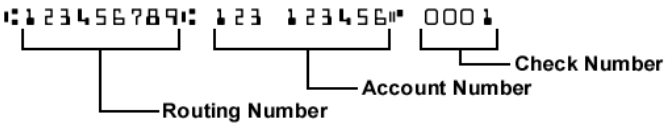
Type of Account:

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

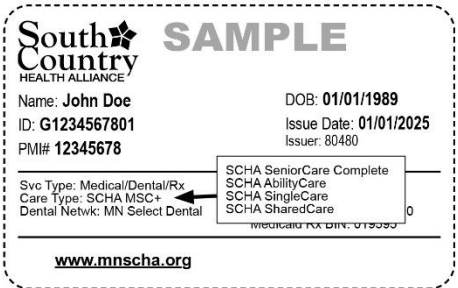
☐ Savings **(attach savings deposit slip below)**

Routing Number_____

Account Number _____



Sample of a South Country Member ID Card:



IMPORTANT:
A photocopy of your member ID card is required with this enrollment form. If at any time your member ID card information changes, please update the health club to ensure credit application. Thank you.

I authorize the above health club to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above health club to discontinue the electronic deposits of funds.

Signature _____ Date _____ /_____/_____

1-866-567-7242, TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်. ဖဲနမ့်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤနူဉ်,ကိးဘဉ်လိတဲစီနီ်ဂ်ံလၢထးအံၤနူဉ်တက့်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.