

UCan! Do-It-Yourself Kit Order Form

Fitness can be achieved at home or on the road with the UCan! Do-It-Yourself Kit. One kit containing a set of portable exercise gear is available to each *UCare for Seniors* member for just \$10 (includes shipping and handling). One additional kit may be purchased for \$40 each calendar year.

There are two kits to choose from:

Kit #1

Includes:

- A step-counting pedometer.
- A Thera-Band® resistance band.*
- An activity program booklet with complete resistance band instructions.
- A UCare Activity Log Book for you to record your fitness activities.
- A UCan! Be Fit DVD that shows you how to stay fit with your pedometer and resistance band.

Kit #2

Includes:

- A “Leslie Sansone Walk at Home” DVD that includes two complete workouts – a 33 minute interval training workout and a 15 minute brisk multi-muscle walk. A FirmBand resistance band* for the interval training workout is included.
- A “Safe and Strong” strength training DVD that includes a 48 minute workout with warm-up, stretches, strength training using resistance tubing and hand weights** (including instructions), balance exercises, and a cool-down.
- Light-weight resistance tubing.*

**The resistance band and tubing contain natural rubber latex which may cause an allergic reaction in sensitive individuals. A non-latex replacement band can be substituted in either kit upon request.*

***Hand weights are not provided. Watch the DVD instruction introduction for recommendations on weight selection.*

Please send me **one** kit at a cost of \$10 (price includes shipping and handling) to the address below. (One additional kit may be ordered for \$40, which includes shipping and handling.)

\$10 for *UCare for Seniors* members only

Choose one kit: Kit #1 Kit #2

\$40 for additional kit (optional)

Choose one kit: Kit #1 Kit #2

Total enclosed \$ _____

Substitute a non-latex band for the latex resistance band and/or tubing in Kit.

UCare ID number (required):

Name: _____

(fill in or affix a mailing address label here)

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Send a check or money order payable to **UCare**; no cash or credit card numbers, please. Write your UCare member identification (ID) number on this form and on your check or money order.

Complete this form and send it (with your payment) to:

UCare
Attn: Health Promotion
P.O. Box 52
Minneapolis, MN 55440-0052

Please allow 3-4 weeks for delivery.

UCare Minnesota and UCare Wisconsin Inc. are health plans with Medicare contracts. Benefits may change on January 1, 2013.



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