



UCan! UCare Activity Network

PARTICIPATION FORM

UCare I.D.# 000 (11 digits total)

Name (exactly as it appears on the UCare for Seniors member card)

First _____ Last _____ MI _____

Date of Birth (required) _____ / _____ /19_____

Street Address _____ Suite/Apt. _____

City _____ State _____ Zip _____ Daytime Phone _____

Second participating adult (ONLY if this UCare for Seniors member shares a dual/family club membership with the member listed above):

UCare I.D.# 000 (11 digits total)

Name (exactly as it appears on the UCare for Seniors member card)

First _____ Last _____ MI _____

Date of Birth (required) _____ / _____ /19_____ Daytime Phone _____

UCare members: Indicate that you understand and agree to the following statements by initialing each line below:

- _____ A. I understand that each UCare for Seniors member must visit a participating health club and work out eight (8) times per calendar month to receive the \$20 reduction in monthly club/fitness center membership fees. Limit one \$20 monthly dues reduction per member meeting attendance criteria.
- _____ B. I understand the reduction issued cannot exceed the total monthly membership for the month in which the reduction is applied.
- _____ C. **I understand there will be about a two-month period between the completed month of attendance and the applied dues reduction; e.g., work out eight times in February; this is verified and processed in March; and the reduced monthly fee is applied in April.**
- _____ D. I understand that canceling my health club membership will result in forfeiture of any unapplied dues reductions.
- _____ E. I understand that it is each member's responsibility to ensure that his or her visit is recorded by the club at the time of the club visit.

Signature _____

Fitness Center use only:	
Date _____ / _____ / _____	Club member since date _____ / _____ / _____
Fitness Center name _____	Club # _____
UFS member UCare I.D. # (#1) <u>000</u>	Average monthly dues _____
UFS member UCare I.D. # (#2) <u>000</u>	Average monthly dues _____



UCan! Health Club Dues Reduction Chart

A qualifying member may sign up for the dues reduction program at any time. To be eligible for reimbursement, the member must work out eight times in a calendar month. The dues reduction schedule is as follows:

Meets the requirement of 8 days of workouts in the calendar month	<i>January</i>	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>
Eligibility verified and submitted	<i>February</i>	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>
Reimbursement posted to member's account, reducing the drafted amount	<i>March</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>September</i>	<i>October</i>	<i>November</i>	<i>December</i>	<i>January</i>	<i>February</i>