



Health Insurance Membership Form & Agreement

_____/_____/_____
Name exactly as it appears on your insurance card Date of Birth

Billing Address City/State/Zip

Email Would you like electronic billing? Yes. Join our email list? Yes Phone

Silver Sneakers, United Healthcare or Silver and Fit ID# or other Insurance Confirmation # if you know it

Emergency Contact Phone

Below are the insurance plans we currently work with. Please check, if you know which you are currently participating in. Otherwise, we will check your eligibility with Silver Sneakers, Silver and Fit, and Optum Fitness Advantage and will contact you.

- Silver Sneakers** - various Medicare and Medicare supplement plans, we will check on your eligibility and contact you. If you have a card, we can show you how to use it here, just fill out a general registration form for us if you will be coming regularly.
- Silver and Fit** - various Medicare and Medicare supplement plans, we will check on your eligibility and contact you
- Active and Fit** - We will check on your eligibility and contact you.
- Medica Fit Partners** - You pay for a regular membership. We have a form for you to sign, enroll at <http://nihcarewards.org/> to get reimbursement based on your monthly visits.
- Renew Active/One Pass** - You will need a confirmation number from your insurance. We can also walk you through that process if need be.
- BC/BS, PreferredOne, Health Partners, UCare and more** Visit <http://nihcarewards.org/> to see if you qualify and enroll to get reimbursement based on your monthly visits.
- Blue 365** - We will check on your eligibility and contact you.
- Prime Private Brand** - We will check on your eligibility and contact you. If you have a card, we can show you how to use it here, just fill out a general registration form for us if you will be coming regularly.

Recreation and Fitness Resources does not assume responsibilities for accidents or injuries. All persons using this facility do so at their own risk. Wisconsin Statute 895.525

I understand that in order to use the facility, currently, there are additional rules to protect the safety of patrons and staff. These are set in accordance with CDC and State of Wisconsin Safety Guidelines. Failure to comply will result in a suspension of my membership and I will not be admitted to the facility until these measures are no longer required. I agree to:

- Provide current contact information in case I need to be contacted by RFR or Bayfield County Health Dept.
- Check-in at the front desk each visit & practice social distancing while on the RFR premises.
- Clean/Sanitize all surfaces of my workout station/machine both before and after I exercise.
- Not visit the Bayfield Rec Center if I am ill or show symptoms including cough, fever, and shortness of breath, returning only when symptom-free.

I have read and agree to abide by the above statements & protocols.

Signature: _____ **Date:** _____