

## PREFERREDONE FITNESS ADVANTAGE PROGRAM

**Welcome to the PreferredOne Fitness Advantage Program available  
at all fitness facilities in the  
PreferredOne Fitness Advantage Network!**

**~ Save up to \$20 a month  
at participating fitness facilities. ~**

**To view the facilities that are available through this network, go to:**

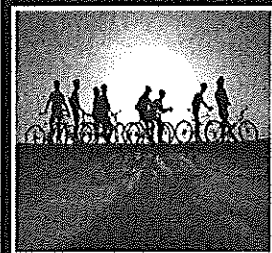
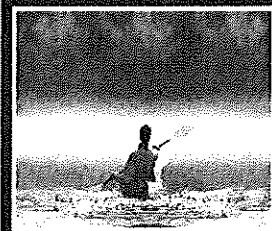
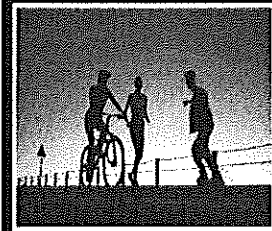
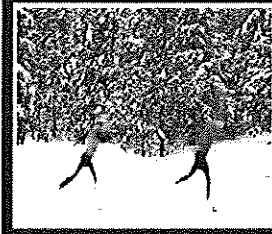
[www.preferredone.com/fitnessadvantage](http://www.preferredone.com/fitnessadvantage)

### **Fitness Advantage Program Basics:**

- PreferredOne medical plan participation and fitness club membership is required.
- Work out 8 days or more in a calendar month and receive up to \$20 towards your membership dues.
- Dependent Coverage: Employees with family level coverage may add one covered dependent (must be 18 years or older) and qualify for a total family monthly credit of up to \$40.
- Participating fitness facilities track your visits through their normal business procedures and at the end of each month send PreferredOne the activity of all individuals enrolled in the Fitness Advantage Program. *Note: You are responsible for making sure your visits are electronically recorded.*
- Qualifying credit will be applied to your fitness club membership account after verification processing. Processing typically takes 30—45 days.

### **How Do I Get Started?**

- Complete the Fitness Advantage Program Member Enrollment Form available only from your employer and take it to your fitness facility for signature. Presentation of this form to the fitness facility initiates the tracking of your visits. Please keep a copy for your records as this form verifies your enrollment in the program. *Note: Eligible dependents must complete a separate form.*
- Begin working out! Multiple visits on the same day count as only one visit.



**PREFERREDONE FITNESS ADVANTAGE PROGRAM**

**MEMBER ENROLLMENT FORM**

*(Eligible dependents must complete a separate form)*

Name: \_\_\_\_\_

Employer Name: **Bloomington School District #271**

PreferredOne Member ID #: \_\_\_\_\_ Employer Account #: \_\_\_\_\_  
*(numbers may be found on your PreferredOne Administrative Services member ID card)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fitness Facility Name: \_\_\_\_\_

I agree to the terms listed below:

- I understand I must work out the minimum number of days per calendar month as required by my employer in order to receive the credit toward my membership dues.
- I understand that if my fitness facility offers use of multiple sites, I am responsible for making sure all visits are reported.
- I understand that multiple visits in one day only count as *one* visit.
- I understand it is my responsibility to ensure that all work-out visits are recorded and tracked by the fitness facility.
- I understand there will be a period of time between the completed month and the applied credit.
- I understand the credits issued cannot exceed the total monthly membership dues for the month the credit is applied.
- I understand that canceling my membership with the fitness club will result in forfeiture of any unapplied credits.
- I understand that eligible dependents must be 18 years of age or older to participate.
- I understand this form will only enroll me in the PreferredOne Fitness Advantage Program and that an additional eligible dependent will need to complete a separate enrollment form.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Fitness Facility

Personnel Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete this form and take it to your participating fitness facility for signature.  
Presentation of this form initiates the tracking of your visits by the fitness facility.  
Please keep a copy for your records as this form verifies your enrollment in the program.**