



Insurance Form

Silver & Fit ID # _____ Date of Birth: ____ / ____ / ____ Gender: M F

Insured Member Name: _____

Insurance Co. Name: _____ Ins. Co. Phone #: ____ - ____ - ____

Insured Member ID #: _____ Group #: _____

Member's Address: _____

City: _____ State: ____ Zip: _____

*Member's Cell #: ____ - ____ - ____ *Home Phone: ____ - ____ - ____

*Member's Email: _____

Members Initials:

_____ A. I understand that it is my responsibility to verify with Silver & Fit Program 877-427-4788 that I am signed up for the coverage before giving the insurance information to the fitness center.

_____ B. I understand that Silver & Fit encourages at least 12 visits each month to acquire and maintain good health. Only 1 workout per day is counted. Workouts in the Fitness Center or a fitness class attended can be counted toward a workout for the day.

_____ C. I understand that it is my responsibility to sign-in each time I visit to ensure that my visit is recorded at the time of my workout.

_____ D. I understand that the fitness center is entitled to reimbursement for the use of the facility and the equipment, and maintenance costs each time I workout or attend a class.

This authorization will remain in effect until I notify the above fitness center that my Silver & Fit Program eligibility has discontinued.

Signature: _____ Date: ____ / ____ / ____

Any questions on completion of this form, please contact Sandy Tammel @ Coffee Street Fitness and Dance 507-272-3731.