BWI-Eden Community Ed Programs

(Winter/Spring '09)

Programs provided by BWI Family Wellness with Eden Community Education.

Use this form to receive insurance discounts and/or Free programming with BWI.

BWI - PARTICIPANT REGISTRATION FORM

Please Complete Entire Form to be Eligible for Insurance-Based Programs, thanks.

- ☐ Community Blue of WNY♦
- ☐ BlueCross BlueShield of WNY♦
- ☐ BlueCross BlueShield-ASO (Self-Insured Employer)
- ☐ BlueCross BlueShield Child Health Plus♦
- ☐ BlueCross BlueShield Healthy New York♦
- ☐ Senior Blue of WNY♦
- ☐ Independent Health*
- Independent Health's FlexFit Debit Card Programs
  - ☐ FlexFit Family +
  - ☐ FlexFit Independent Δ
  - ☐ FlexFit Personal Best ^
- ☐ Univera Θ _____ (list specific program)
- ☐ Univera Community Health Θ
- ☐ Other_____ (not eligible for discounts)
- ☐ Insurance Info ***On File*** at BWI: Last class_____
- ☐ Cash/Check Paying Customer
- ☐ Credit Card/Debit Card Paying Customer: MC Visa

PARTICIPANT'S NAME _____
First MI Last

INSURANCE CARD ID# _____
3-Letter Prefix (YJC/YJP) 9 Digit ID# (sample: 880123456) 2 Digit Suffix (01) GROUP #

CREDIT CARD or FLEX FIT DEBIT CARD _____ _____ _____
(16-digit card#) (3-Digit Code) (Expiration Date)

BIRTH DATE* _____ **** Must have to bill.*** BILLING ZIP* _____

IF POLICY IS NOT IN YOUR NAME _____ _____ _____
Card Holder's Name or Same Relation to Card Holder Card Holder's Employer

NAME _____ DATE _____
STREET _____ CITY _____ ZIP _____
TELEPHONE: HOME _____ WORK _____ EXT _____
E-MAIL ADDRESS _____

Please tell us how you heard about our BWI Promotions:

PROGRAM INFORMATION:

"X"	Program	Location	Day(s)	Time(s)	Start Date	Length	Instructor	Cost	25% Off	FREE	25%
	Weight Management Prgm ***NEW!***	GLP-Rm 31	Wed.	5:30-6:30	1/14/2009	1-hr./10-wks	BWI Dietitian	$125	n/a	♦ Θ	
	Holistic & Mindful Cooking	EJSH-Rm 219	Mon.	7-8pm	2/9/2009	1-hr.	Shawna	$15	n/a	♦ Θ	
	Be Fit Kids (Grade K-2)	GLP Cafeteria	T/TH	3:15-4:30	1/27/2009	8-wks/ 16-days	BWI Staff	$136	$102.00	♦ Θ	*
	Be Fit Kids (Grade 3-6)	Eden Elem. Gym	T/TH	7:30-8:30	1/27/2009	8-wks/ 16-days	BWI Staff	$136	$102.00	♦ Θ	*
	Jump Start Cardio-Session-1	GLP Cafeteria	T/TH	6-7pm	1/13/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Jump Start Cardio-Session-2	GLP Cafeteria	T/TH	6-7pm	3/17/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Pilates-Session-1	GLP Cafeteria	T/TH	7-8pm	1/13/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Pilates-Session-2	GLP Cafeteria	T/TH	7-8pm	3/17/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Pilates-Session-3	GLP Cafeteria	T/TH	7-8pm	5/19/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Pilates-Session-4	GLP Cafeteria	T/TH	7-8pm	7/14/2009	8-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Pilates-SATURDAY (New)	GLP Cafeteria	Sat.	9-10am	1/10/2009	16-wks/ 16-days	Kelly	$136	$102.00	♦ Δ	* Θ
	Yogalates-Employees & Seniors	GLP Cafeteria	M/W	3:30-4:30	2/9/2009	8-wks/ 16-days	Linda	$136	$102.00	♦ Δ	* Θ
	Eligible BlueCross BlueShield of WNY members may take any 2 exercise sessions per calendar year.								*No level 2 pricing available in 2009*		

NEW in 2009: Eligible BC/BS of WNY Members may take any "2" exercise sessions per each calendar year (Any 2 of the 16-week sessions).

All Insurance Participants - I understand that signing-in is required to be eligible for insurance-reimbursement.
Please confirm that the personal history and insurance card information listed above is accurate and complete.
Also, in signing this, I verify that I have not previously taken this class since January of this year.
Fitness Classes Only - I also understand that if I do not complete 80% or better of classes that I am not eligible for insurance reimbursement and am responsible for personal payment via cash/credit card or check. X_____(your initials)

Make Checks Payable to:
Eden Community Ed; 3150 Schoolview Rad, Eden, NBY 14057
Questions: Call 992-3629

Eden Community Education

FOR STAFF USE ONLY:
Date_____ Amount Paid $_____
Check/Cash/CC Receipt #_____
Check #_____
Program: Pymt IB-FREE Staff Initials_____