

BWI-Eden Continuing Ed Programs

(Winter-Spring '11)

Programs provided by BWI Family Wellness with Eden Continuing 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.

<input type="checkbox"/> Community Blue of WNY ♦	<input type="checkbox"/> Independent Health*	<input type="checkbox"/> Univera ☉ _____ (list specific program)
<input type="checkbox"/> BlueCross BlueShield of WNY ♦	<input type="checkbox"/> Independent Health's	<input type="checkbox"/> Univera Community Health ☉
<input type="checkbox"/> BlueCross BlueShield-ASO (Self-Insured Employer)	<input type="checkbox"/> FlexFit Debit Card Programs	<input type="checkbox"/> Other _____ (not eligible for discounts)
<input type="checkbox"/> BlueCross BlueShield Child Health Plus ♦	<input type="checkbox"/> FlexFit Family +	<input type="checkbox"/> Insurance Info On File at BWI: Last class _____
<input type="checkbox"/> BlueCross BlueShield Healthy New York ♦	<input type="checkbox"/> FlexFit Independent Δ	<input type="checkbox"/> Cash/Check Paying Customer
<input type="checkbox"/> Senior Blue of WNY ♦	<input type="checkbox"/> FlexFit Personal Best ^	<input type="checkbox"/> 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)

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 Family Programs:

PROGRAM INFORMATION:

"X"	Program	Location	Day(s)	Time(s)	Start Date	Length	Instructor	Cost	25% Off	FREE	25%
	Common Sense: Wt. Loss	Eden HS-Faculty Lounge	Thur.	3:45-4:45pm	1/13/2011	10-wks/10-days	Julie	\$120	n/a	♦ ☉	n/a
	Comprehensive Assessment	Eden HS-Faculty Lounge	Tues.	6-8pm appts.	1/11/2011	1-hr/person	BWI Team	\$68	n/a	n/a	n/a
	Jump Start Your Fitness	Eden HS-Library	Wed	2:30-3:30pm	1/12/2011-Sess#2	10-wks/10-days	Pam	\$100	\$75.00	♦ Δ *	☉
	Yogalates - Stretch & Tone	Eden HS-Library	Wed	3:30-4:30pm	1/12/2011-Sess#2	10-wks/10-days	Pam	\$100	\$75.00	♦ Δ *	☉
	Jump Start & Yogalates	Eden GLP Elem.-Café	Sat.	8:30-10:00am	1/15/2011-Sess#2	10-wks/10-days	Shawna	\$100	\$75.00	♦ Δ *	☉
	Be Fit Kids-Jump Start for Kids	Eden GLP Elem.-Café	T & Th.	3:15-4:15pm	2/1/2011	5-wks/10-days	BWI Team	\$100	\$75.00	♦ Δ ☉ *	
	Jump Start Your Fitness	Eden HS-Library	Wed	2:30-3:30pm	4/6/2011-Sess#3	10-wks/10-days	BWI Team	\$100	\$75.00	♦ Δ *	☉
	Yogalates - Stretch & Tone	Eden HS-Library	Wed	3:30-4:30pm	4/6/2011-Sess#3	10-wks/10-days	BWI Team	\$100	\$75.00	♦ Δ *	☉
	Jump Start & Yogalates	Eden GLP Elem.-Café	Sat.	8:30-10:00am	4/9/2011-Sess#3	10-wks/10-days	Shawna	\$100	\$75.00	♦ Δ *	☉

NEW: Eligible BC/BS of WNY Members may take any "2" 10-week exercise sessions per each calendar year (Any 2 programs of the 10-day sessions).

Please read and initial at location indicated:

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 understand that I am eligible for a total of 20-classes per year for insurance reimbursement. If my insurance does not cover all classes I am responsible for personal payment via cash/credit card or check. X _____ (initials)

(All information collected on this form will be kept confidential and will be used solely for the purpose of insurance reimbursement)

Make Checks Payable to:
 Eden Continuing Education, 3150 Schoolview, Eden, NY 14057
 Questions: Call 992-3629

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