



# 2020 Supplemental Wellness Package Application Form

## Easy To Sign Up

Fill out the online Supplemental Wellness Package Application at <https://bit.ly/2VWkj40> or

Complete this paper application, selecting the preferred fitness partner of your choice. Submit this application by dropping off at TakeCare's Customer Service Office in Tamuning (647-3526), by fax (647-3544), or by email at [customerservice@takecareasia.com](mailto:customerservice@takecareasia.com).

For more information, call toll free (1-877-484-2411). It's that easy! Last day to enroll is **December 9, 2019**.

### Application Information ▼

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Mailing Address (P.O. Box/Street) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  Male  Female  
 Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Using your name(s) as they appear on your TakeCare Member ID card or on your online plan enrollment, please list yourself and all family members you wish to enroll in TakeCare Supplemental Wellness Package:

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	RELATION	SEX	D.O.B.	GYM CHOICES (SELECT LETTER FROM ABOVE)
					SELF		
							<b>IMPORTANT:</b> Please initial below to acknowledge you have read <b>Part VII-Fee &amp; Enrollment.</b>  X _____

### Preferred Fitness Partner Choices:

- A - TakeCare Wellness Center
- B - CrossFit Hita
- C - CrossFit LatteStone
- D - Custom Fitness
- E - Fitness Factory
- F - Guam Muay Thai
- G - Guam Taewondo Center
- H - Hilton Wellness Center
- I - International Sports Center
- J - SKIP Entertainment Co.
- K - Paradise Fitness Center
- L - The Pound Academy
- M - Tribe Guam
- N - Unified
- O - Triton Fitness Center
- P - Urban Fines Center
- Q - Gold's Gym-Saipan
- R - Latte Built-Saipan **NEW!**
- S - Synergy **NEW!**

**IMPORTANT:** You **must** select a gym at the time of enrollment. Otherwise, you are not eligible for **Parts IV & V** of this package.

I (we) understand that TakeCare reserves the right to refuse participation by any applicant in the plan and is not obligated to provide a reason for declining coverage. I further understand that application does not guarantee acceptance into the plan; acceptance of coverage is not granted, under any circumstances, until the application has been approved by TakeCare. Note: *The Supplemental Wellness Package described in the TakeCare Federal brochure are neither offered nor guaranteed under the contract with the FEHB Program, but are made available to all Federal enrollees and family members who are members of the TakeCare plan. The cost of the benefits for the Supplemental Wellness Package is not included in the FEHB Premium. Enrollment in the TakeCare Supplemental Wellness Package is locked-in for the benefit year. Voluntary Disenrollment is only allowed during the plan year if I terminate employment with the Federal Government or cancel my enrollment in the FEHB TakeCare High Option, Standard Option or HDHP Option.*

### IMPORTANT:

I (we) also understand that continued waiver of the package's monthly fee is predicated on my fulfilling the fitness partner visit requirement outlined in Part VII. I (we) understand failure to meet the requirement will result in my losing access to my selected fitness partner and the benefits outline in Parts IV and V unless I choose to pay TakeCare the package's monthly fee for the remainder of the calendar year.

X Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Package is effective **January 01, 2020.**

**Coverage** (Select One)  High Option  Standard Option  HDHP