



FITNESS PASSES THROUGH HEALTH PLANS & MEDICARE SELECT ELIGIBILITY FORM

This form is for **new** insurance-reimbursed fitness passes or for patrons **switching** to another eligible insurance service providers. If you have a pass and are renewing with the same provider, call your insurance provider to continue/renew for this year.

During the state-wide freeze, there's only a "no-cost option," which includes unlimited access to BPRD virtual classes. When the pause is over, you will have an opportunity to access no-cost and low-cost options with in-facility access for both tiers. You will be emailed when those services are available again.

1. **Print** and **complete all** of the information below:

Last Name: _____ **First Name:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Phone Number:** _____

Email Address: _____

2. Contact your health insurance provider to see if you are eligible.
If eligible, ask for your fitness number and place that information here:

Health Insurance: _____

Fitness # _____

3. Return the completed form to customer service either:
 - a. Send electronically to info@bendparksandrec.org.
 - b. Drop off at the District Office, 799 SW Columbia St. Bend, OR. 97702, in the black USPS mailbox at the front (south facing) entrance, to the left of the doors.
4. After 1 - 2 days, you will be contacted to set up your pass.

Questions? Contact customer service at (541) 389-7275.

Hours and more information listed at bendparksandrec.org/medicare

Internal Use Only

Received By: _____ Date: _____ Processed By: _____ Date: _____ Comments: