Gym Program Member Application

Please note: **You must FILL OUT THIS APPLICATION COMPLETELY or it will be returned to you.**

Circle the gym you have selected

Auburn/Lewiston	Bath	Biddeford/Northern York County	Boothbay Harbor
Dover-Foxcroft/Piscataquis	Ellsworth/Down East	Freeport	New Gloucester
Old Town	Portland	Rockport/Penobscot	Sanford/Springvale
Waldo County/Belfast	Waterville/Alfond	UMF	UMM
UMaine – Orono	UMPI		

State of Maine Insurance Card #_____ **Social Security #**_____

Name (please print) _____ Age _____ DOB _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Check your present status: ☐ Employee ☐ Employee Spouse ☐ Retiree ☐ Retiree Spouse

Department _____ Department Number **(can be found on paystub)** _____ Department Location _____

Department Address _____ Department City _____

Email _____ Emergency Contact _____ Phone for Emergency Contact _____

Physician _____ Phone _____ Fax _____

HEALTH HISTORY (Please check the applicable box)

☐ Yes ☐ No Do you lose your balance because of dizziness or do you ever lose consciousness?

☐ Yes ☐ No Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor?

☐ Yes ☐ No Do you feel pain in your chest when you do physical activity?

☐ Yes ☐ No Are you being treated for high blood pressure? If yes, please indicate what method of treatment/medications you use._____

☐ Yes ☐ No Do you have diabetes?

☐ Yes ☐ No Do you have asthma or any other respiratory problems?

☐ Yes ☐ No Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Continued on back

☐ Yes ☐ No Are you participating in physical and/or occupational therapy?
If yes, where: _____

☐ Yes ☐ No Are you pregnant?

☐ Yes ☐ No If no, have you given birth in the last six months?

How did you hear about the Wellness Center?

_____

_____

Please send or fax **a copy of your state of Maine insurance card** along with this **completed application** to:

Wellness Works
c/o Valerie Leathers
6 Elkins Lane, SHS #96
Augusta, ME 04333

Fax: 620-8478

For office use only

❑ Insurance card copy received

Please note:
Under IRS publication 15-B, "the value of an employee and/or family member's use of an off-site athletic facility provided by an employer is taxable income to the employee." As such, the value of the gym memberships provided by the State for facilities not on state premises must be reported on the employee's W-2.

Beginning in 2012, this policy will be enforced for any State of Maine employee that uses a gym facility other than the Eastside, Westside or Bangor Wellness Centers. As mentioned in the above policy, the value of the gym membership will be reported on your W-2 as taxable income. Each gym facility membership cost is unique. Therefore, the taxable income to each individual will differ based on the gym facility they have chosen to use.

Please inform Valerie Leathers, gym coordinator at valerie.leathers@mainegeneral.org or 620-9167, if you are not using your gym membership or if you need to cancel your membership.

I certify the above information is true and I agree to notify MaineGeneral staff of any changes to this application or in my medical status.

Signature _____ Date _____

01-13