

Fitness Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

MEMBER INFORMATION		
MEMBER NAME:		
FITNESS BENEFIT RECIPIENT NAME:		
MEMBER'S ID NUMBER (Located on insurance card):		
SIGNATURE OF MEMBER:		DATE:
MONTHLY VISIT INFORMATION		
Have your fitness facility fill out the form below with your 12 visits for the month, and attach a printout.		
DATE:	DATE:	DATE:
DATE:	DATE:	DATE:
DATE:	DATE:	DATE:
DATE:	DATE:	DATE:
FITNESS CLUB INFORMATION & AUTHORIZATION		
MONTHLY MEMBERSHIP FEE:		
SIGNATURE OF CLUB REPRESENTATIVE:		
NAME, ADDRESS & PHONE# FITNESS CLUB:		

SHEET METAL WORKERS'
LOCAL 36 WELFARE FUND
2319 CHOUTEAU AVE.
ST. LOUIS, MO 63103
314-652-8175 OR 800-741-9411
FAX: 314-652-8494

