

**NIHCA**

National Independent Health Club Association

135 8<sup>th</sup> Avenue  
Granite Falls, MN 56241  
Phone (320) 722-0084  
Fax (320) 722-0095  
[www.NIHCA.org](http://www.NIHCA.org)



# **Fitness Incentive Program Information Packet**

**Avera\*\***

**BIND**

**Blue Cross Blue Shield of Minnesota**

**Blue Cross Blue Shield of North Dakota\*\***

**Fargo Public Schools\*\***

**HealthPartners (requires HP contract)**

**Medica (requires approval)**

**Northern Plains Insurance Pool\*\***

**PreferredOne**

**Regency Managed Properties\*\***

**Sanford Health Plan\*\***

**Sioux Falls School District\*\***

**South Country Health Alliance\*\***

**UCare**



**\*\*Exclusive partners with NIHCA**

**CREATING A BLUE PRINT FOR WELLNESS**

## Introducing the NIHCA Advantage:

---

### Measuring Success One Member at a Time

The National Independent Health Club Association (NIHCA) is a non-profit organization that strives to help fitness facilities succeed in the industry especially in today's economy. We feel it is important that you have the opportunity to heighten your visibility in the fitness industry while staying one step ahead of your competition. We offer many exclusive fitness incentive programs that will give you the ability to gain access to a market that you currently don't have access to and provides you a network of over a thousand fitness facilities nationwide.



#### What you get?

- Easy, stress free coordination of exclusive fitness incentive programs
- Website exposure including facility name, address, phone number, and clickable website address on [NIHCArewards.org](http://NIHCArewards.org), as well as exposure on the fitness incentive partner's website
- Unlimited "job posting" listings on [www.nihca.org](http://www.nihca.org)
- Unlimited "equipment for sale" listings on [www.nihca.org](http://www.nihca.org)
- Unlimited use of training materials and phone support for your facility
- Access to monthly webinars for an unlimited number of staff for FREE
- Access to promotional materials and posters to attract new members and retain current members
- Access to our "Preferred Vendor List" that contains high-quality products and services at discounted rates exclusively for NIHCA members
- Access to monthly newsletters on NIHCA website containing informative fitness related topics and articles
- Highly discounted rates to attend regional conferences that help you grow in the fitness industry

Your investment in NIHCA gives you yet another business partner and an additional voice in the ever-changing fitness industry. We strive to help fitness facilities succeed and grow through our programs and partners.

## How to gain healthier and happier members?

---

### Through Offering Fitness Incentive Programs

Your members will love the fitness incentive programs and it is so easy for you! We give you the ability to offer up to a \$20 reimbursement to your members without changing or discounting your current membership rates. You change nothing at your facility. Your qualifying members can take advantage of a fitness reward if they meet the required number of workouts per month. The reward is paid right to your member's bank account by our incentive partners. All you need is a computer and internet access, easy! You only touch the program twice a month and that's it – this is a great tool for recruitment and retention!

## How does the Fitness Incentive Program Work?

---

1. Inform your members and the public that your fitness facility offers fitness incentive rewards up to \$20 for working out.\*
2. The eligible member(s) will enroll online through [NIHCArewards.org](http://NIHCArewards.org). (paper enrollment is optional)
3. No special software is needed. You only need access to a computer with internet.
4. Once a month, (between the 1<sup>st</sup> and 8<sup>th</sup> of the month) log in to submit the actual number of workouts for your member(s).
5. The reimbursement will be paid by the end of each month directly from NIHCArewards System to your member(s) individual bank account(s).
6. An electronic reimbursement report will be sent each month for your review on or about the 25<sup>th</sup> of each month.

*\*Some programs offered through NIHCA may receive more or less than a \$20 reimbursement for working out.*

---

## What is your Investment?

**Annual Investment to NIHCA: \$399 per location (discounts available for multiple locations)**

**Monthly Investment to our easy, stress free processing company:**

- Monthly program investment: **\$7.00/flat fee**
- One time “New Member” enrollment fee: **\$1.00**
- Monthly direct deposit fee: **\$.25** per qualifying member

## What is my Return on Investment?

**If only 2 members join your facility for the incentive programs offered:**

Monthly Membership Dues	Months	# of ppl	Total	NIHCA Investment	Processing Fees	Your ROI
\$35	12	2	\$840	-( \$399)	-( \$92)	<b>\$349</b>
\$45	12	2	\$1,080	-( \$399)	-( \$92)	<b>\$589</b>
\$55	12	2	\$1,320	-( \$399)	-( \$92)	<b>\$829</b>
\$65	12	2	\$1,560	-( \$399)	-( \$92)	<b>\$1,069</b>

## What are the programs I can work with?

**Avera\*\***

Eligible members found nationwide

**BIND**

Eligible members found in MN, FL and CO

**Blue Cross Blue Shield of Minnesota**

Eligible members found nationwide

**Blue Cross Blue Shield of North Dakota\*\***

Eligible members found nationwide

**Fargo Public Schools\*\***

Eligible members found in Fargo, ND

**HealthPartners (requires HP Contract)**

Eligible members found nationwide

**Medica (requires approval)**

Eligible members found nationwide

**Northern Plains Insurance Pool\*\***

Eligible employees in certain South Dakota school districts

**PreferredOne**

Eligible members found nationwide

**Regency Managed Properties\*\***

Eligible members found in the following states:

CO, IL, IA, KS, MI, MN, NE, ND, OH, SD, WY

**Sanford Health Plan\*\***

Eligible members are NDPERS members and most employer groups

**Sioux Falls School District\*\***

Eligible members found in the Greater Sioux Falls area, SD

**South Country Health Alliance\*\***

Eligible members found in Minnesota

**UCare**

Eligible members found in Minnesota and western Wisconsin



**\*\*Exclusive partners with NIHCA**

## Why should I join NIHCA?

- To offer fitness incentive programs that will attract new members and retain your current members.
- To be part of an organization that strives to help fitness facilities succeed especially in today's economy.
- To heighten your visibility in the fitness industry.
- To gain access to a network of over a thousand fitness facilities nationwide.
- To develop healthier and happier members.
- To increase membership at your facility.
- To gain access to a market you currently do not have access to.
- To help establish and maintain a great reputation in the industry.
- To have the opportunity to learn new skills through education and training opportunities.
- To have the ability to get involved in the fitness industry and make a difference.



## How do I join NIHCA?

*It's easy! And worth it!*

**Simply Email, Fax OR Mail the following membership information back to our office:**

- Page 5 through 7** – “Fitness Center Participation Agreement” / Initial Page 6/ Complete all of Page 7
- Page 8** – “Membership Activation Form” / Complete all of Page 8
- Page 9** – “Membership Investment Page” / Payment for NIHCA Membership; VISA, MasterCard or ACH

## Next Steps

After we receive your membership paperwork, a Welcome email will be sent to you. This email contains important information about what you need to do next, resources, and tools to begin a successful program at your facility.

- Step 1 ~ Complete the online processing agreement for Money Mover's Inc.** Completing the online processing agreement is mandatory in order to access the NIHCArewards system.
- Step 2 ~ A training webinar will be included in your email.** The webinar is critical for you and your team to help you learn NIHCArewards.org and maximize your NIHCA membership.
- Step 3 ~ Hand out or post the First Time Enrollment flier for your members.** These are simple instructions for eligible member enrolling in their insurance program.

**Mail Contract To: NIHCA – the National Independent Health Club Association  
135 8<sup>th</sup> Avenue, Granite Falls, MN 56241 or Fax To: (320) 722-0095**

**National Independent Health Club Association  
Fitness Center Participation Agreement**

This Agreement is entered into by and between the National Independent Health Club Association (NIHCA) and the undersigned NIHCA Fitness Center (NIHCA Fitness Center), which is a member of NIHCA, a Minnesota not-for-profit corporation. The parties hereto recognize that NIHCA, in order to participate and facilitate the participation of its member fitness facilities in fitness incentive programs, has entered into agreements with various incentive programs, the principal provisions of which are set forth below. NIHCA Fitness Centers hereby agree to the following:

1. To promote the health of eligible members of fitness incentive program providers. The providers shall provide a monthly incentive to any eligible member who completes daily workout sessions at any of NIHCA Fitness Center's locations during a calendar month during the term of this Agreement. An "eligible" member is a person who is offered the benefit by their provider as of the first day of the calendar month for which the incentive applies. Incentive obligation will be limited to a maximum of two adults per month per household unit.\*\*
2. NIHCA Fitness Center will provide the fitness incentive program(s) for the term of 12 consecutive months. Thereafter, the term of this contract shall automatically renew for successive one (1) year terms unless written notice is provided to NIHCA at least sixty (60) days in advance of initial or renewal term that you do not wish to renew the term of this contract. **NIHCA will send the annual invoice for membership renewal electronically per location. Please be sure to keep email addresses updated with NIHCA.**

\*\*If the reward is a "reimbursement", the amount of the monthly incentive shall be the lesser of \$20.00 or the amount of the Fitness Center's monthly dues.

**Avera** - \*\* Eight (8) workouts per month as required to receive up to \$20 p/mo. Eligible adult must be an Avera employee and/or spouse. Eligible adult must be enrolled on the Avera Health Employee Health Plan.

**BIND** - \*\* Twelve (12) workouts per month as required to receive up to \$20 p/mo. Up to 2 people per household are eligible; Medtronic employee and/ or spouse in MN, FL and CO.

**Blue Cross Blue Shield of Minnesota** - \*\* Twelve (12) workouts per month as required to receive up to \$20 p/mo. Up to 2 people per household are eligible; must be 18 years of age or older. Some self-funded groups, such as CCStpa and service co-ops will only need to work out eight (8) days per month to receive up to \$20 p/mo.

**Blue Cross Blue Shield of North Dakota** - \*\* Subscriber and/or the subscriber's spouse. Twelve (12) workouts = up to \$20 p/mo. *Metallic* group is required to workout twelve (12) = up to \$10 p/mo.

**Fargo Public Schools** - \*\*Employees and/or spouse covered under the district's health plan are required to do twelve (12) workouts p/mo = up to \$20 p/mo.

**HealthPartners (requires HP Contract)** - \*\* Twelve (12) workouts per month as required to receive up to \$20 p/mo. HP does have some accreditation steps prior to activation. A separate contract will be emailed for your fitness center to complete.

**Medica (requires approval)** - \*\*Requires approval of interested fitness center by Medica. Once approved, Medica will require a contract and a one-time network fee of \$200 for facilities that wish to participate.

**Northern Plains Insurance Pool** - \*\*Eligible school district employees who are covered under the district's health insurance program are required to do eight(8) workouts p/mo = up to \$20 p/mo. Employees only are eligible.

**PreferredOne** - \*\*Twelve (12) workouts per month as required to receive up to \$20 p/mo.

**Regency Managed Properties** - \*\* Employees and/or spouse are required to work out six (6) per month = up to \$20 p/mo.

**Sanford Health Plan** - \*\*NDPERS Members and select employer groups subscriber and/or the subscriber's spouse. Twelve (12) workouts = up to \$20 p/mo.

**South Country Health Alliance** - \*\*No eligibility limit per household. *Be Fit* requires eight (8) work outs per month = up to \$20 p/mo; *Be Active* requires no minimum workouts per month, but member must have a paid membership, to receive up to \$20 p/mo.

**Sioux Falls School District** - \*\*SFSD employees and/or spouses who are covered under the district's health insurance program are required to do twelve (12) workouts p/mo = up to \$20 p/mo.

**UCare** - UCare Senior members have no minimum workouts per month = up to \$20 p/mo, but member must have a paid membership. UCare Choices members are required to work out twelve (12) work outs per month = up to \$20 p/mo.

3. NIHCA Fitness Center will not increase their monthly dues or other costs as a result of an eligible member's participation in the program other than regularly scheduled increases, unless otherwise agreed upon in writing by NIHCA.
4. NIHCA Fitness Center agrees to comply with all applicable state and federal laws, rules, regulations, orders and requirements, including all laws and regulations relating to the privacy of health information that may be disclosed to NIHCA Fitness Center.

**Continued National Independent Health Club Association Fitness Center Participation Agreement.**

5. NIHCA Fitness Center is responsible for sending an electronic monthly usage file on or before the 8<sup>th</sup> day of each month during the term of this Agreement (and on or before the 8<sup>th</sup> day of the month next succeeding the last month of the term of this Agreement), NIHCA Fitness Center agrees to accurately provide the required data of eligible members who used the facility for health enhancement programs or activities on designated days each month; such information shall be transmitted to NIHCA's processor, which will provide several options to aide in the transfer of data. An owner with multiple locations may have the option to submit a combined usage file, but each location needs to be a member of NIHCA.
6. If an eligible member terminates membership, NIHCA Fitness Center is responsible for reimbursing the member for all the "applied" credits. All "unapplied" credits will be forfeited. NIHCA Fitness Center cannot keep any part of the credit dollars from the terminating member(s) or any member at any time
7. NIHCA Fitness Center agrees to comply with all Communication Guidelines and not use names, symbols, trademarks, or service marks of any insurance provider in advertising and promotion or for solicitation of members for its programs, unless they are given prior written permission to do so by the appropriate incentive provider.
8. NIHCA Fitness Center acknowledges and agrees that all insurance providers' information and membership eligibility data is and shall remain the sole property of the providers and NIHCA Fitness Center agrees to hold such information as confidential information. Data should only be used to comply with obligations under this agreement. NIHCA Fitness Center agrees to provide data in the format required.
9. NIHCA Fitness Center agrees to indemnify, defend and hold harmless NIHCA, its employees and members and the incentive providers from all claims, including attorney fees, arising from the negligence or wrongdoing of NIHCA Fitness Center or the breach of this Agreement by NIHCA Fitness Center.
10. NIHCA Fitness Center will, at its own cost and expense, maintain (and cause its subcontractors, if any to maintain) the following insurance coverage in full force: Workers' Compensation Insurance and Commercial Liability Insurance, with limits of no less than \$1,000,000. Such insurance shall provide that the insurer agrees to provide NIHCA thirty (30) days' notice before the insurance is cancelled or materially altered.
11. NIHCA Fitness Center shall furnish current certificates to NIHCA evidencing that insurance is being maintained. Delivery of a certificate which is not in full compliance is not deemed a waiver of obligations.
12. Either party may terminate this Agreement with or without cause upon sixty (60) days' advance written notice to the other party. In the event of material breach by either party, notice of breach shall be given by the non-breaching party. In the event such breach is not cured within 10 days of receipt of such notice, the non-breaching party may immediately terminate this Agreement and in addition may exercise any other right or remedy provided herein or at law or in equity. If this Agreement is terminated for any reason, NIHCA and each NIHCA Fitness Center agrees to honor any incentives earned by eligible members prior to such termination. NIHCA does not provide a fitness facility a refund for any reason.
13. The monthly processing fees, if applicable, are set forth herein are subject to change at any time. Any increase in fees, including processing fees, may become effective only upon at least forty-five (45) days prior notice from NIHCA to NIHCA Fitness Center, which notice shall set forth the new fees and effective date(s) thereof. Increases in the NIHCA's membership fees shall be effective only upon another Agreement. NIHCA Fitness Center may not transfer NIHCA fees to another club, nor does the annual fee impose any additional affiliates or subsidiaries of said fitness center. (MN and ND clubs are \$399 annually)
14. This Agreement shall bind the successors of both parties to this Agreement and this Agreement shall not be assigned or transferred without the written consent of NIHCA. If you have multiple locations that have fitness-like activities hosted at them, then each location needs to pay the annual NIHCA dues as well as complete this agreement. I agree that all locations have been disclosed to NIHCA upon activation and will continue to update if any new locations have been added.

**Initial** \_\_\_\_\_

**Qualifying Incentive Providers: *Check all that apply***

<input type="checkbox"/>	Avera	<input type="checkbox"/>	HealthPartners (requires contract)	<input type="checkbox"/>	Sanford Health Plan
<input type="checkbox"/>	BIND	<input type="checkbox"/>	Medica (requires approval)	<input type="checkbox"/>	Sioux Falls School District
<input type="checkbox"/>	Blue Cross Blue Shield of Minnesota	<input type="checkbox"/>	Northern Plains Insurance Pool	<input type="checkbox"/>	South Country Health Alliance
<input type="checkbox"/>	Blue Cross Blue Shield of North Dakota	<input type="checkbox"/>	PreferredOne	<input type="checkbox"/>	UCare
<input type="checkbox"/>	Fargo Public Schools	<input type="checkbox"/>	Regency Managed Properties		

**IN WITNESS WHEREOF, the NIHCA Fitness Center identified below has executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

State: \_\_\_\_\_

Fitness Center Name (D.B.A.): \_\_\_\_\_

Legal Name: \_\_\_\_\_

Contact Name: *(please print)* \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_



**FOR OFFICE USE ONLY**

Facility Name  
Facility #  
State City

# Membership Activation Form

Fitness Facility Name (please print or type)		Legal Name		<p><b>FOR OFFICE USE ONLY</b></p> <input type="checkbox"/> SalesForce <input type="checkbox"/> Constant Contact <input type="checkbox"/> Welcome Email <input type="checkbox"/> NIHCarewards.org <input type="checkbox"/> Full Club Report <input type="checkbox"/> New Mbr Webinar <input type="checkbox"/> HP Agreement <input type="checkbox"/> Email Medica <input type="checkbox"/> Quickbooks <input type="checkbox"/> Paid <input type="checkbox"/> Check _____ <input type="checkbox"/> CC _____ <input type="checkbox"/> ACH _____ <input type="checkbox"/> _____
Physical Address				
City	State	Zip Code		
Mailing Address				
City	State	Zip Code		
Business Phone				
Toll Free Phone		Fax		
Facility's Website		Facility's Email		

## CONTACT INFORMATION

Primary (Owner) Contact Person	Title	Phone	Email
Secondary (Submitter) Contact Person	Title	Phone	Email
Third (Finance) Contact Person	Title	Phone	Email

**\*\*Do you own multiple locations where members/clients/patients are allowed to exercise? Yes or No**  
**If YES, what are the additional address(s):** \_\_\_\_\_

## FITNESS FACILITY AMENITIES

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Weight Room/Free Weights | <input type="checkbox"/> Aerobic Studio        | <input type="checkbox"/> Cardio Equipment  | <input type="checkbox"/> Handicap Accessible |
| <input type="checkbox"/> Gym                      | <input type="checkbox"/> Running/Walking Track | <input type="checkbox"/> Locker Room       | <input type="checkbox"/> Pool                |
| <input type="checkbox"/> Tanning                  | <input type="checkbox"/> Meeting Room          | <input type="checkbox"/> Scan-in system    | <input type="checkbox"/> 24-hour access      |
| <input type="checkbox"/> Restaurant/Snack Bar     | <input type="checkbox"/> Fitness Classes       | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Child Care          |

**Annual Investment**      **\$399.00 \*\*per location**

*I would like to pay by:*

- Check # \_\_\_\_\_     ACH (Automated Check) – fill out pg. 9     Credit/Debit Card – fill out pg.9

Indemnification: By its signature below, the above facility ("Indemnitor") agrees to indemnify and hold NIHCA and participating Partners ("Indemnities") harmless with respect to any claims actions instituted by third parties that result from the use of Indemnitor's services or facilities, including any claims for death, personal injury or property damage, deceptive trade practices, or the use or misuse of information provided by indemnities'.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



Facility Name \_\_\_\_\_  
 Facility # \_\_\_\_\_  
 State \_\_\_\_\_ City \_\_\_\_\_  
 Receipt

# Membership Investment Form

Your Name \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_ 101  
 City, State Zip \_\_\_\_\_  
 PAY TO NIHCA \$ 399-  
 THE ORDER OF \_\_\_\_\_  
 Three Hundred & ninety-nine & 00/100 -- Dollars  
 HowToWriteChecks.com  
 Memo: NIHCA Investment  
 @ 210678772 @ 10321547890" 101

**Routing Number**      **Account Number**

Payment Amount \$ \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**I hereby authorize this payment to NIHCA, while agreeing to the disclosures below.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment by Credit Card (Choose One)**



Payment Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVC/CVV # \_\_\_\_ (3 digit # on back of card)

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

**I hereby authorize this payment to NIHCA, while agreeing to the disclosures below.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disclosures:**

1. A service fee of \$20 will be charged for any billing errors that are a result of inaccurate billing information provided by the client, or payment being declined due to insufficient funds.
2. By choosing to make this payment, you are hereby agreeing to a 12-month consecutive contract payable to NIHCA, regardless of facility cancelling, closing, and/or change in ownership. NIHCA does not provide refunds or prorates for annual dues. Thereafter, the term of this contract shall automatically renew for successive one (1) year terms unless written notice is provided to NIHCA at least sixty (60) days in advance of initial or renewal term that you do not wish to renew the term of this contract.
3. NIHCA reserves the right to charge late fees after the due date at the rate of \$20 per month.
4. If your credit card information expires before your renewal date you are responsible to update NIHCA with payment information prior to your due date.