

HEALTHWAYS

Silver Sneakers[®]
FITNESS



Request for Information for Silver Sneakers Eligibility

The following information is needed to determine eligibility for Silver Sneakers. You will receive a follow up call regarding your eligibility. You may also contact *Linda Blodgett 718-7311, e mail blodgett@maine.edu*

Name: _____ (as it appears on your insurance card, no aliases)

Address: _____ State: _____ Zip code _____

DOB: ___/___/___

Phone #: (____) - _____ - _____

Gender: M/F (Circle)

Insurance Carrier: _____

Group/Member #: _____

I understand and acknowledge that the above information pertains to insurance information necessary to determine eligibility for the Silver Sneakers program. I knowingly release this information for verification purposes.

Signed: _____

Date: ___/___/___