NIHCA

National Independent Health Club Association

Fitness Incentive Programs

~Helping Build Membership Revenue & Retention ~

NIHCA will help you increase membership revenue

A NIHCA membership will allow you to *not only* gain new members but also retain your current members with a monthly incentive program, paid by their insurance provider *or* employer group for working out.

NIHCA // Phone (320) 722-0084 // Fax (320) 722-0095 // help@nihca.org // www.nihca.org

NIHCA
National Independent Health Club Association

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, by giving you reimbursement programs that incentivize your members. We offer many exclusive fitness incentive programs that will give your facility the ability to gain access to a new market of members.

How to Gain Healthier and Happier Members?

~ Offering Fitness Incentive Programs ~

Your members will love the fitness incentive programs and better yet, it is so easy for you and your facility! 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 at your facility. The reward is paid directly 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 – this is a great tool for member recruitment and retention both!

How Do the Fitness Incentive Programs Work?

~ Simple for the Facility to Manage and Very Rewarding for Your Members ~

- ***Announce that you now offer the fitness incentive programs***
- ***Eligible member enrolls in the program, online (1-time only) @ MyFitnessRewards.org***
- ***Once a month, login and record the actual number of workouts for your member(s)***
- ***The monthly reward will be paid directly to your member(s) bank account***

What Do You Get with a NIHCA Membership?

- Exclusive fitness incentive programs that offer an up to $20 reimbursement p/ member
- Website exposure including facility name, address, phone number, and clickable website address on *MyFitnessRewards.org*, as well as exposure on the fitness incentive partner's website
- Unlimited free "job posting" and "equipment for sale" listings on *www.nihca.org*
- Unlimited use of training materials, flyers and phone support for your facility
- Access to a "75+ Point New & Unique Programming list"
- Promotional materials & posters to attract new members & retain current members
- Access to our "Preferred Vendor List" that contains high-quality products and services at discounted rates, exclusively for NIHCA members
- Monthly newsletters containing informative fitness related topics and articles
- Discounted rates to our annual conference for all your staff

An investment in NIHCA will help fitness facilities succeed & grow through our reimbursement programs so that your facility can attract and retain more members.

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What is the Investment?

Annual Investment to NIHCA: $449 per location

(discounts available for multiple locations)

My Fitness Rewards Monthly Processing Fees:

- Monthly program investment: **$10.00/**flat fee for unlimited programs
- Monthly direct deposit fee: **$.25** per qualifying member
- One-time "New Member" enrollment fee: **$1.00** per new 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	-($449)	-($128)	**$263**
$45	12	2	$1,080	-($449)	-($128)	**$503**
$55	12	2	$1,320	-($449)	-($128)	**$743**
$65	12	2	$1,560	-($449)	-($128)	**$983**

The programs my facility would have access to …

Avera Health**	Eligible members found nationwide
Dakota County**	Eligible found in Greater Minnesota
Fargo Public Schools**	Eligible members found in Fargo, ND
Midco**	Eligible members found in select cities nationwide
Northern Plains Insurance Pool**	Eligible employees in certain South Dakota school districts
Prime Health**	Eligible members found in Minnesota
PrimeWest**	Eligible members found in Minnesota
Sanford Health Employee**	Eligible members found nationwide
Sanford Health Plan**	Eligible members are NDPERS members and most employer groups
South Country Health Alliance**	Eligible members found in Minnesota

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

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Why should I join NIHCA?

- Be part of an organization that strives to help fitness facilities succeed, especially by offering the fitness reimbursement programs to your members.
- Being able to offer fitness incentive programs that will attract new members and retain your current members that DON'T make you reduce or waive your current membership fees.
- Heighten your visibility in your community.
- Gain access to a network of over a thousand fitness facilities nationwide.
- Develop healthier and happier members.
- Increase membership revenue at your facility.
- Gain access to a market you currently do not have access to.
- Help establish and maintain a great reputation in the industry.
- Have the opportunity to learn new skills through education and training opportunities offered through NIHCA.
- Get involved in fitness incentive programs that make a difference.

How do I join NIHCA?

It's easy! And worth it to gain more members & revenue...

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

☑ **Pages 5 through 9** – // Initial Pages 5&6 //Complete Pages 7 – 9 //

☑ **Send Contract To:** NIHCA – the National Independent Health Club Association
135 8th Avenue, Granite Falls, MN 56241 ***or*** Fax To: (320) 722-0095 or help@nihca.org

After the NIHCA Paperwork is Completed; 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.**

Step 2: **A training webinar will be included in your email.**

Step 3: **Hand out *or* post the First Time Enrollment flier for your members.**

Fitness Center Participation Agreement ~ (Page 1 of 3)

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. By choosing to make annual payments to NIHCA, you are hereby agreeing to 12 consecutive month contracts, regardless of your facility closing, cancelling and/or a change in ownership. **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** for the following programs:

Avera Health - Eight (8) workouts p/mo to receive up to $20 p/mo for AHP Commercial, Large & Small Group ACA, SD BAR Association, Small Group Transitional, Individual ACA (On & Off Exchange); 2 adults 18+ per household and both adults must be AHP members. Eight (8) workouts p/mo to receive up to $20 p/mo for Avera Employee Plan; employee and spouse ONLY, both adults must be AHP member. Eight (8) workouts p/mo to receive up to $10 p/mo for Medicare Supp; AgilityPlus - Standard & AgilityPlus Select - Plans G only, one adult 18+ per household, per month (policy holder only).

Dakota County - Ten (10) workouts p/mo to receive up to $20 p/mo. Employee and/or second adult covered under the county's health plan are eligible.

Fargo Public Schools - Twelve (12) workouts p/mo to receive up to $20 p/mo. Employee and/or spouse covered under the district's health plan are eligible.

Midco - Eight (8) workouts p/mo to receive an up to $20 p/mo reimbursement. Employee and 2nd participating adult are eligible.

Northern Plains Insurance Pool - Eight (8) workouts p/mo to receive up to $20 p/mo. Employee only. School district employees who are covered under the district's health insurance program are eligible.

Prime Health -Twelve (12) workouts p/mo to receive up to $20 p/mo. Prime Health Employee and 2nd participating adult are eligible.

PrimeWest - Zero (0) workouts p/mo to receive an up to $20 p/mo reimbursement. Senior Health Complete (MSHO), Prime Health Complete, Minnesota Senior Care Plus (MSC+), and Special Needs BasicCare (SBCN) subscribers are eligible.

Sanford Health Employee -Twelve (12) workouts p/mo to receive up to $20 p/mo. Eligible Employee and spouse.

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

South Country Health Alliance - No eligibility limit per household. No minimum visits p/mo to receive up to $40 reimbursement for SeniorCare Complete and AbilityCare. Four (4) workouts p/mo to receive up to $20 p/mo reimbursement for MSC+, SharedCare (SNBC), SingleCare (SNBC), MinnesotaCare & Medical Assistance (MA).

Initial _____

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.

5. NIHCA Fitness Center is responsible for sending an electronic monthly usage file on or before the 8th day of each month during the term of this Agreement (and on or before the 8th 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 is not responsible nor is there a refund for any insurance company choosing to change and/or discontinue their program; 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 $449 annually; SD clubs are $199 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* (page 3 of 3)

☐	Avera Health	☐	Northern Plains Insurance Pool	☐	Sanford Health Employee
☐	Dakota County	☐	Prime Health	☐	Sanford Health Plan
☐	Fargo Public Schools	☐	PrimeWest	☐	South Country Health Alliance
☐	Midco	☐		☐	

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IN WITNESS WHEREOF, the NIHCA Fitness Center identified below has agreed to and executed this Fitness Center Participation Agreement this _____ day of _____, 20____.

State: _____

Fitness Center Name (D.B.A.): _____

Fitness Center Legal Name: _____

Contact Name: *(please print)* _____

Title: _____

Address: _____

City, State, Zip _____

Phone: _____

Contact Email: _____

Program Start Date: _____

Authorized Signature: _____

NIHCA
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Membership Activation Form

FOR OFFICE USE ONLY

Facility Name

Facility #

State **City**

Fitness Facility Name (please print or type) Legal Name

Physical Address

City State Zip Code

Mailing Address

City State Zip Code

Business Phone

Toll Free Phone Fax

Facility's Website Facility's Email

FOR OFFICE USE ONLY

- ☐ SalesForce
- ☐ Constant Contact
- ☐ Welcome Email
- ☐ MyFitnessRewards.org
- ☐ Full Club Report
- ☐ New Mbr Webinar
- ☐ Quickbooks
- ☐ Paid
  - ☐ Check _____
  - ☐ CC _____
  - ☐ ACH _____
- ☐ _____

CONTACT INFORMATION

Primary (Owner) Contact Person Title Phone Email

Secondary (Mgr/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 ~ Check all that apply

o Weight Room/Free Weights	o Aerobic Studio	o Cardio Equipment	o Handicap Accessible
o Gym	o Running/Walking Track	o Locker Room	o Pool
o Tanning	o Meeting Room	o Scan-in system	o 24-hour access
o Restaurant/Snack Bar	o Fitness Classes	o Personal Training	o Child Care

Annual Investment $449.00 **per location

I would like to pay by:

o Check # _____ **o** ACH (Automated Check) – fill out pg. 9 **o** 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**

RETURN TO: National Independent Health Club Association
135 8th Ave. ~ Granite Falls, MN 56241 ~ Fax: (320) 722-0095 ~ Email: help@nihca.org ~ Phone: (320) 722-0084 ~ Web: www.NIHCA.org

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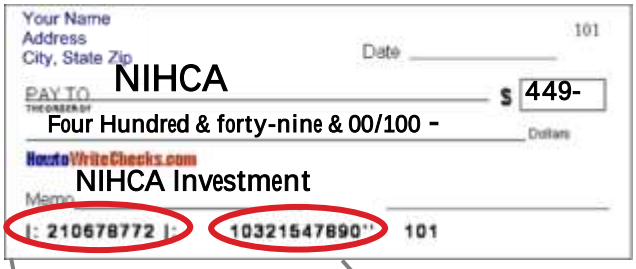
FOR OFFICE USE ONLY
Facility Name
Facility #
State **City**
☐ **Receipt**

Membership Investment Form ~

o Payment by ACH (Preferred Method of Payment)



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**

o Payment by Credit Card (Choose One)

☐ VISA ☐ MasterCard

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, cancelled/closed accounts, and/or misc changes.*
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, changes, you receive a new card, or your card is no longer active before your renewal date, you are responsible to contact NIHCA with new payment information prior to your due date.*

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