



Home Fitness Center Election/Change Form

Beneficiary Name: _____ Date: _____

Beneficiary UPHP ID Number: _____

Fitness Center Name: _____

Effective Date: _____

By signing below, I request to list the above named gym as my Home Gym starting on the effective date listed above. Please note that any changes in Home Gym are effective the first of the following month.

Signature: _____ Date: _____

Please return the final completed copy of this form to:

Upper Peninsula Health Plan, 853 West Washington Street, Marquette, MI 49855
Phone: 906.225.7501 Fax: 906.225.8775