

You must submit this form to any YMCA/JCC of Greater Toledo branch prior to December 31, 2008 to take advantage of the rates listed below. Should you have any questions regarding the enrollment process, please contact Marla Toigo at 419-729-8135 or mtoigo@ymcatoledo.org.



Toledo Firefighters Health Plan Members Max Membership Enrollment

Please Print

YMCA/JCC Max Membership I.D. # _____

Employee Name _____

Address _____ City _____ Zip _____

Phone _____ DOB _____ SS Number _____

For Family Membership, complete the following information for all dependents including spouse:

Name	Relationship	Date of Birth

Please choose one of the following options:

- _____ Family NEW
- _____ Bankdraft - \$52.50* x 12 mos. _____ Full Pay \$630.00*
- _____ Family RENEW
- _____ Bankdraft - \$52.50* x 12 mos. _____ Full Pay \$630.00*
- _____ Individual NEW
- _____ Bankdraft - \$36.00* x 12 mos. _____ Full Pay \$432.00*
- _____ Individual RENEW
- _____ Bankdraft - \$36.00* x 12 mos. _____ Full Pay \$432.00*

* Sales tax NOT included in above rates.

This information is for Toledo Firefighters Health Plan. If you are beginning a new membership, you must complete a MAX Membership form (and bankdraft authorization if selected) at the YMCA/JCC branch.

I authorize release of this information to Toledo Firefighters Health Plan and the YMCA/JCC for purposes of billing. YMCA/JCC Max Memberships are non-refundable and non-transferrable

Employee Signature _____ Date _____