

## SwedishAmerican Senior Preferred (HMO) BetterLife Wellness Membership Registration Form

SwedishAmerican Senior Preferred (HMO) Evidence of Coverage provides the opportunity for members to enroll in BetterLife Wellness under Health and Wellness benefits as listed in the Chapter 4, Medical Benefits Chart. Refer to the Membership Benefits section within this document for the eligible services and requirements. Enrollment in BetterLife Wellness is for one year with the option to re-enroll every year thereafter.

### Member Information

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BetterLife Wellness Enrollment Date:

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Senior Preferred Member ID Number:

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First Name:

Middle Name:

Last Name:

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Gender:

Date of Birth:

Phone Number:

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Address:

City:

State:

ZIP Code:

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Email:

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### Membership Benefits / Requirements

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- \$25 annual membership fee
- Access to the following –
  - Advanced health risk assessment and biometric screenings
  - Health coaching session to review health screening results and discuss goals
  - Wellness education sessions taught by credentialed professionals
  - Invitation to Annual Wellness Fair
  - 30-day trial membership to the YMCA upon completion of health risk assessment and biometric screening
  - 15 percent off BetterLife Wellness retail services including –
    - Therapeutic massage
    - Weight management programs
    - Healthy cooking classes
    - Grocery store tours
    - Smoking cessation programs

[Learn how to enroll](#) ►

## How to Enroll

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### **Please send completed form and payment to –**

BetterLife Wellness  
1415 East State St., Suite A3  
Rockford, IL 61104

For questions about enrolling in SwedishAmerican BetterLife Wellness, contact us in one of the following ways –

Phone: **(779) 696-9700**

Fax: **(779) 696-8505**

Email: **[betterlifewellness@swedishamerican.org](mailto:betterlifewellness@swedishamerican.org)**

## How to Contact Us

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Contact Customer Service at (800) 394-5566, TTY 711 or toll-free at (800) 877-8973, Monday through Friday from 8 a.m. – 8 p.m. October 1 – March 31, we are available Saturdays and Sundays from 8 a.m. – 8 p.m.

This information is not a complete description of benefits. Contact the plan for more information. Benefits, premiums, copayments and coinsurance may change on January 1 of each year. Limitations, copayments and restrictions may apply. Other plans may be available in the service area. This document is available in large print and other alternate formats.

Gundersen Health Plan, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 897-1923, TTY 711 or toll-free (800) 877-8973.

Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 877-8973, TTY 711 or toll-free (800) 877-8973.