



City of Newport News
Employees' Retirement and Benefits Office
 2400 Washington Avenue
 Newport News, VA 23607

**Health and Fitness
 Membership Enrollment
 Form (Retiree)**

Retiree Only Spouse Only Retiree and Spouse

Employee Name:	
Social Security #:	
Address:	
Work Telephone: Home Telephone:	

Please select only one of the following fitness facilities:

Riverside Wellness and Fitness Center	<input type="checkbox"/> Retiree Membership <i>City of Newport News Retirement Office Approval</i> _____	<input type="checkbox"/> Spouse Membership Name: _____ Date of Birth: _____ <i>City of Newport News Retirement Office Approval</i> _____
	<input type="checkbox"/> Retiree Membership <i>City of Newport News Retirement Office Approval</i> _____	<input type="checkbox"/> Spouse Membership Name: _____ Date of Birth: _____ <i>City of Newport News Retirement Office Approval</i> _____

I understand that the cost of the membership(s) applied for above will be payroll deducted from my pension check beginning January 2010 and cannot be terminated until the next open enrollment period. This membership will continue each year thereafter unless changed or canceled during open enrollment beginning in November. There will be no refunds.

 Retiree Signature

 Date