

YMCA Gateway Family Membership Program



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Facility: _____

Questionnaire

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Number in Household: _____

1. Are you currently? *(Please select one)*

- A Horizon BCBSNJ Member Member ID #: _____
- A Horizon BCBSNJ Employee Employee ID #: _____
- Both Member ID #: _____

2. How did you hear about the membership program? *(Please select all that apply)*

- Received an e-mail
- Received a postcard
- Read about it on **www.HorizonBlue.com**
- Read it in a Horizon BCBSNJ publication (*Focus, Horizons, etc.*)
- Referred by a Horizon BCBSNJ Disease Management Care Specialist
- A YMCA staff member told me / Saw it at a participating YMCA
- Read a story/article
- Other *(Please describe):* _____