

## **Prime Gym Nomination Form**

Location Name

**Contact First Name** 

Contact Last Name

**Title within Fitness Center** 

Email

**Street Address** 

City

State/Province

Zip

Phone

Return this completed form to:

ALADS Insurance Trust Benefit Service Center 9500 Topanga Canyon Blvd Chatsworth, CA 91311

ALADS@mybenefitchoices.com