

# LifePlex Health Club CHANGE/FREEZE/DEACTIVATION FORM (Oct 2013)

(845)-356-1900 Fax: (845)-356-1850 Email : programs@Lpxclub.com

All Changes Due By the 21st of the month

<b>PRINT First Name</b>	<b>PRINT Last Name</b>	<b>Bar Code</b>	<b>Phone Number</b>

**Change of Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Billing Info**

(Changing form of payment from Checking to Credit Card changes rate from \$25 to \$29 per your membership agreement)

Credit Card Type: \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address (if different from home) \_\_\_\_\_

Routing Number \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

I hereby authorize LifePlex Health Club LLC to make and apply the changes above to my membership, and or billing account. I understand, agree to and authorize any rate change that applies.

\_\_\_\_\_  
**Member / Account Holder's Signature**

**Account Credit**

I am posting \$ \_\_\_\_\_ to my LifePlex account as an unapplied credit to be used for club services.

(Excluding Personal Training). I understand this payment is non-refundable.

\_\_\_\_\_  
**Account Holder's Signature**

**Membership Upgrade**

I agree to upgrade my  Standard or  Select membership to a  Select /  Deluxe membership. I understand and agree to all the terms and conditions of the new membership. I understand and agree my contractual start date which will be adjusted to today \_\_\_\_/\_\_\_\_/\_\_\_\_ as I am commencing a new membership type. I authorize LifePlex Health Club LCC to debit my account for all fees relating to the new membership checked above and collect such fees from my bank account or credit card account as listed on my current membership agreement or from any new information provided on this form. I understand and agree my monthly dues will increase to \$ \_\_\_\_.

\_\_\_\_\_  
**Account Holder's Signature**

## PIF Membership Medical Freeze/Unfreeze Request

\* Not Applicable to Monthly membership\* Forms not accepted without the Medical Note Attached

Freeze Request Submitted on: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unfreeze Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Cancellation / Deactivation (Applies to EFT members only)**

Cancellation prior to the 12 month minimum term: **\$60**

Cancellation due to approved qualifying medical condition **\$25** (EFT Members Only)

Deactivation after the 12 month minimum term: **\$30**

Fee Paid: Date \_\_\_\_\_ Amount\$ \_\_\_\_\_ Type: Cash Credit Check

\_\_\_\_\_  
**MEMBER'S SIGNATURE**

**Staff Name Print Signature Date Submitted**

Please see reverse side for helpful information regarding this form and your membership

## Membership Change Form Helpful Information

Please ensure your completed club change form is attached to any correspondence you wish to submit. All forms are reviewed & processed in the order they are received. Please ensure all fees are submitted where required. Our CFO/Medical Director Sanford Kryger M.D. can be reached via email at : cfo.lifeplex@gmail.com. Email is the most efficient way of communicating.

### Frequently asked questions:

**Q:** What is the deadline for requesting changes to my account?

**A:** Per the membership contract all changes are due by the close of business on the 21<sup>st</sup> day of the month. Any changes to a members account cannot be made after the 21<sup>st</sup>.

**Q:** I would like to upgrade my membership, how can I accomplish this?

**A:** Simply fill out the membership upgrade section on the reverse side and pay the prorated dues for the billing period and enjoy everything your new level of membership will afford you! Remember you are beginning a new membership and your start date will be the day you upgrade.

**Q:** I've just dropped off a medical note from my doctor suggesting that I refrain from exercise. What happens to my membership?

**A:** 1) **Deluxe Paid in full membership:** Your medical note will be reviewed by the clubs medical director and if it meets the parameters of the agreement, your membership will be placed on a medical freeze, or will be approved for medical cancellation. Approved medical freeze time fees are \$10 per month. The admin fee for the medical cancelation of a Deluxe PIF fee if is \$50.

2) **All EFT/Monthly memberships:** You may cancel your membership subject to the \$25 medical cancelation fee. Monthly memberships are not eligible for freeze.

**Q:** I've signed my monthly membership deactivation form what are the fees?

**A:** If you have a monthly membership you are eligible to cancel your membership at any time. If you cancel within the first twelve months the fee is \$60. If you cancel after 12 consecutive months of membership the fee is \$30. You will have access to the club until the 21st day of the month in which you cancel. If you do not fully complete the cancellation form including the payment of the fee, your membership and your monthly dues will continue to be billed on schedule.

**Q:** I've just submitted a membership change form. (Billing info, change of name, change of address, change of membership type). When will these changes take effect?

**A:** Per your agreement, all changes to your membership account are due by the 21st of each month. Any changes after the 21st of the month may not take effect until the next month. We need notify a third party (our EFT processor) of your changes.

### Membership contract excerpts:

....I UNDERSTAND AND AGREE THERE ARE ABSOLUTELY NO RETROACTIVE REFUNDS OF DUES OR RETROACTIVE TIME CREDITS due to nonuse of facilities or for failure to follow the freeze procedures. Any and all membership freezes will be made at the discretion of the club Medical Director. Paid in Full memberships can only be frozen due to medical reasons (minimum 30 days). Said freeze will only become effective, (a) after the submission of a written notice from a Physician to the club which specifies reason for and duration of freeze request, (b) verification and approval by the club, (c) a medical co-pay is due at the completion of the freeze period and (d) medical reason must preclude participation in all club facilities. The maximum freeze time for each note is 90 days. The membership will automatically resume on the date specified in the note (not to exceed 90 days) unless an additional note from your physician is submitted, verified, approved and the fee is paid.

....EFT memberships will be cancelled due to any qualifying medical reasons. Said cancellation will only become effective (a) after the submission of a written notice from a Physician to the club, (b) verification and approval by the club and (c) a \$25 medical administrative fee is paid in full.

....If your check, charge, or draft payment to Club is not honored, in addition to the other rights it may have, the club shall have the right to; (a) Assess and collect a service charge of \$20.00 for each declined payment regardless of the reason. (b) Assess and collect the banking and or credit card institution's service charge in full. (c) Suspend your membership and refuse entry and or terminate this agreement. Club reserves the right to resubmit any rejected charges, along with such fee's listed above as (a), (b) and (c). Members are responsible for notifying Club of any change in checking, debit or credit card accounts. It is the member's responsibility to inform club of any change in members account information prior to the 21st day of the month; that includes but not limited to account numbers, expiration dates, account status, ETC.

....I understand and agree an annual administrative fee of \$25.00 will be billed on or about June 1 or Nov 1, depending on my (members) join date.

....You (member) may cancel your EFT monthly membership at any time. The following cancellation fees apply: \$60 in the first twelve months of your membership, \$30 after twelve consecutive months of membership from your start date.

.... You may also cancel this contract for any of the following reasons: if upon a doctor's order, you cannot physically receive the services because of a significant physical disability for a period in excess of six months. If you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing. If you move your residence more than twenty-five miles from any health club operated by seller. If the services cease to be offered as stated in the contract. All moneys paid pursuant to such contract cancelled for the reasons contained in this subdivision shall be refunded within fifteen days of receipt of such notice of cancellation; provided however that the seller may retain the expenses incurred and the portion of the total price representing the services used or completed, and further provided that the seller may demand the reasonable cost of goods and services which the buyer has consumed or wishes to retain after cancellation of the contract. In no instance shall the seller demand more than the full contract price from the buyer.