



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 450 Columbus Blvd., Ste. 901  
 Hartford CT 06103  
 dcp.investigations@ct.gov

For Office Use Only
File No.:
Disposition:

HEALTH CLUB GUARANTY FUND APPLICATION - CLUB CLOSURE

CONSUMER'S INFORMATION

Your Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

HEALTH CLUB'S INFORMATION

Health Club: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Date of Closing: \_\_\_\_\_

CONTRACT: A copy of your contract is the best form of proof.

Do you have a copy of your contract? \_\_\_\_\_ Is a copy of the contract attached? \_\_\_\_\_  
 If you do not have a copy of your contract, please indicate what proof you are providing:

Beginning Date of Last Contract: \_\_\_\_\_ Ending Date of Last Contract: \_\_\_\_\_  
 List total dollar amount of contract whether or not you paid it: \$ \_\_\_\_\_

METHOD OF PAYMENT AND FREQUENCY

Method of Payment: Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_  
 Frequency of Payment: Paid in Full \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_  
 Date of Last Payment: \_\_\_\_\_  
 If you pay by credit or debit card, did you dispute the charge and when?: \_\_\_\_\_ Was the charge removed? \_\_\_\_\_

LATEST CONTRACT FEE BREAKDOWN	AMOUNTS PAID	DESCRIBE THE FEE PURPOSE:
Membership Fee	\$ _____	<u>Membership fee</u>
Annual maintenance fee:	\$ _____	<u>Maintenance fee</u>
Other related items:	\$ _____	_____
Other related items:	\$ _____	_____

*Note:* Other related items are only for those items paid directly to the gym and may include additional payments for classes, day care, additional passes. Exclude those amounts paid directly to others (ex: Trainers).

CERTIFICATION: I hereby certify that the foregoing statements are true and accurate to the best of my knowledge. I have contacted the health club and requested a prorated refund of my health club membership fees. To date I have not received any such payment from the health club. In the event that I also receive monies from any other source, such as from bankruptcy court or from the health club owners for this claim, I agree to repay the Health Club Guaranty Fund for any amount previously paid to me from the Fund for this claim. I hereby assign all my rights, title and interest related to this claim to the Commissioner of Consumer Protection up to the amount paid by the Fund.

Under penalty of law, I hereby swear to the truth of the foregoing.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## THE HEALTH CLUB GUARANTY FUND

All licensed health clubs operating in Connecticut contribute part of their licensing fee to the Health Club Guaranty Fund, administered by the Department Consumer Protection. The Guaranty Fund was established to provide prorated restitution to former members upon the closing of their health club.

If a health club is no longer in operation at the location where the buyer entered into the contract, the buyer having a claim against the health club may apply to the Department of Consumer Protection for payment. Consumer claims arise from failure to provide services, failure to comply with contract obligations, failure to remain open for the duration of contracts, and any other failure to comply with the provision of Chapter 420 of the Connecticut General Statutes. Claims are filed when the health club fails to make payment on such claim.

No application for a payment from the Guaranty Fund shall be accepted by the Department of Consumer Protection and the Commissioner more than six months after the date of the closing of the location of the health club where the buyer entered into the contract.

Once six months have passed following a health club's closing, the Department will hold a hearing. The Commissioner may hear applications of all buyers submitting claims against a single health club in one proceeding. The decision of the Commissioner shall be final with respect to the application.

After the hearing the Commissioner shall issue an order requiring payment from the Guaranty Fund of any sum found to be payable upon such application. The order to distribute money from the Guaranty Fund will be on a pro-rated basis to former club members who qualify for refunds.

Return the completed application including all attachments to:

VIA MAIL:

Department of Consumer Protection  
Investigations Division  
450 Columbus Blvd., Ste. 901  
Hartford, CT 06103

VIA E-MAIL:

[dcp.investigations@ct.gov](mailto:dcp.investigations@ct.gov)

Please be sure that your signature scans on the application and that all attachments are included and readable.

If you have any questions, please contact Investigations at (860) 713-6300 or email: [dcp.investigations@ct.gov](mailto:dcp.investigations@ct.gov).