



STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 TRADE PRACTICES DIVISION  
 165 CAPITOL AVENUE, HARTFORD, CT 06106

HEALTH CLUB GUARANTY FUND

TYPE OR PRINT CLEARLY

Your Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health Club: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Closing: \_\_\_\_\_ Basis of Claim: Club Closed  
 Beginning Date of Last Contract: \_\_\_\_\_  
 Ending Date of Last Contract: \_\_\_\_\_  
 Amount of Last Contract: \_\_\_\_\_  
 Amount Paid on Last Contract: \_\_\_\_\_  
 Length of Last Contract: \_\_\_\_\_  
 Amount of Claim: \_\_\_\_\_

For Office Use Only

|                    |
|--------------------|
| File No.           |
| Final Disposition: |

**(Attach Copy of Your Contract)**

**(Attach Proof of Payment)**

YOU, THE CONSUMER, MUST PROVIDE ALL DOCUMENTATION SUBSTANTIATING THE INFORMATION YOU PROVIDED ABOVE. IF YOU DO NOT PROVIDE THIS DOCUMENTATION, YOUR APPLICATION WILL NOT BE PROCESSED. IF THERE ARE EXTENUATING CIRCUMSTANCES CONCERNING YOUR APPLICATION, PLEASE STATE THEM IN DETAIL ON A SEPARATE SHEET OF PAPER.

YOU MUST ATTACH A COPY OF YOUR CONTRACT TO THIS APPLICATION. YOU MUST ALSO ENCLOSE COPIES OF ALL OTHER DOCUMENTATION YOU HAVE CONCERNING YOUR CONTRACT WITH THE HEALTH CLUB SUCH AS RECEIPTS, CANCELLED CHECKS, RENEWAL NOTICES AND A COPY OF YOUR WRITTEN REQUEST TO THE HEALTH CLUB REQUESTING A REFUND OF YOUR MONEY.

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 Guaranty Fund for any amount previously paid to me from the Fund for this claim. In other words, I hereby assign all my rights, title and interest in any amount which I may recover from the Guaranty Fund to the Commissioner of Consumer Protection.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## 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 to:

Department of Consumer Protection  
Trade Practices  
165 Capitol Avenue  
Hartford, CT 06106

If you have any questions, please contact Trade Practices at (860) 713-6100 or [Trade.Practices@ct.gov](mailto:Trade.Practices@ct.gov).