

OCCUPATIONAL LEAVE ACCOUNT FREEZE

Name: _____ Member #: _____

Please **FREEZE** my Summit account while I'm working out of town.

Start Date: _____

End Date (not to exceed 12 months): _____

- I understand that in order to freeze for a given month, that Member Services must be notified 3 business days prior to the month of the requested freeze.
- If I do not give the required notice I understand that additional fees may be assessed.
- The Summit allows a 12-month maximum Occupational Leave.
- Written verification from employer on company letterhead must be provided at the time of request.
- During a freeze, account members are not able to access to Logan Health Medical Fitness using membership privileges, nor do they have access to their account guest passes.

I understand my Occupational Leave option below:

- There is a \$10.00 monthly charge.
**Waive \$10 fee for Active Military Personnel away on duty.
- If I paid a Year In Advance (YIA) I will be charged \$10.00 per month and my YIA payment will be extended one month.

Signature _____ Date _____

For more information please contact the Member Services Office at 751-4107.

ACCOUNT CHANGE REQUEST: Received by: _____	Date: _____
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