

MEMBERSHIP FREEZE REQUEST

Freeze Policy / Procedure

- Membership freeze eligibility applies only to 6 Month PIF and 12 Month PIF plans:
 - 6 Month PIF plans include one (1) optional freeze instance to be used at the member’s discretion.
 - 12 Month PIF plans include two (2) optional freeze instances to be used at the member’s discretion.
- Membership freeze duration per instance is at minimum two (2) weeks, at maximum six (6) months.
- Membership freeze requests cannot be accepted retroactively (backdated).
- Certain medical exceptions may be approved with proper physician documentation; please contact the Membership Supervisor.

- **A single Membership Freeze Request form will be utilized for each freeze instance:**
 - Prior to the start of the freeze, the member should complete the Member Information and Complete Pre Freeze sections below, then submit the request form to Wellness Center reception staff. The Membership Supervisor will place a FREEZE status on the account and email confirmation to the member.
 - Upon return, the member should retrieve this request form at reception, complete the Complete Post Freeze section below and resubmit to Wellness Center reception staff. The Membership Supervisor will remove the FREEZE status from the account, adjust the plan expiry and email confirmation to the member.

Member Information (please print)

Member Name: _____ Member ID: _____
Freeze Confirmation Email: _____

Complete Pre Freeze

Last Date of Facility Usage Pre Freeze: _____
Member signature: _____ Date: _____
Staff (first name): _____ Date: _____ **Supv. Processed:** _____

Complete Post Freeze

First Date of Facility Usage Post Freeze: _____
Member signature: _____ Date: _____
Staff (first name): _____ Date: _____
Supv. Processed: _____

K# _____ **[6] [12] Active** _____ - _____ **[1of1] [1of2] [2of2] Adj Exp** _____