

CANCELLATION FORM

SALARY SACRIFICE FIXED TERM MEMBERSHIP

Employer Payment of Unigym Membership Fees



LOCATION

<input type="checkbox"/> Hobart	<input type="checkbox"/> Launceston	<input type="checkbox"/> Cradle Coast
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PERSONAL DETAILS

Surname		First name	
Unigym Member No.			
Phone (h)		Phone (w)	Mobile
Postal Address			
State	Postcode	Email	

TERMS

I understand

Conditions

- I may cancel my Staff FTM prior to the expiry of the applicable fixed term by providing Unigym with written notice.
- A refund will apply only if the circumstances outlined in Clause 6.1 of the UTAS STAFF SPECIAL CONDITIONS apply.

Payments

- If I am cancelling my membership in accordance with clause 6.1 of the UTAS STAFF SPECIAL CONDITIONS, then a refund will be available which will be equal to the Staff FTM fees paid to Unigym via Salary Sacrifice minus:
 - an exit fee of \$35
 - a pro rata amount equivalent to Staff FTM fees for the time you have been a member and
 - the cost of any additional Unigym Activities supplied to you but not yet paid for;
 - any other outstanding amounts owing to Unigym.
- I acknowledge that if a refund is applicable, this payment will require the relevant amount of PAYG Income Tax to be deducted by Payroll Services. Payment will be made by Payroll Services in the next available pay after receiving the approved cancellation form.

CALCULATION OF REFUND

(A) Fixed Term Amount Paid in Advance	\$
(B) Actual number of days in the term applicable (12 mths)	days
(C) Cost per day = (A / B)	\$ cost per day
(D) Number of days passed since start of membership	days
Membership Payment to be refunded = (B - D) X C	\$
Minus Exit fee	\$ 35.00
Minus Additional Unigym activities supplied but not yet paid for	\$
Minus Any other amounts owing to Unigym	\$
TOTAL GROSS AMOUNT (less income tax as calculated by payroll services)	\$



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ACKNOWLEDGEMENT OF REFUND

I acknowledge that the refund amount calculated is correct and will be direct debited into the bank account, less PAYG tax, I have set up for my pay.

Members Full Name	Signature
UTAS Staff ID Card No.	Date

REASONS FOR CANCELLATION

To help us continually improve our services please tick the box that best explains your reason/s for cancellation:

- Not enough time
 Joining another fitness centre
 Too many members
 Hours of operation
 Inadequate facilities/services
 Do not like the atmosphere
 Other _____

OFFICE USE ONLY

UNIGYM STAFF MEMBER WHO ACCEPTED CANCELLATION FORM

STAFF NAME	INITIAL	DATE
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TEAM LEADER REFUND AUTHORISATION

Refund account code:

- Hobart Centre (058651.18350)
 Launceston Centre (061851.18350)
 Cradle Coast Centre (058622.18350)

Authorised by:

PRINT NAME _____ SIGNATURE _____

DATE: _____

SCANNED TO FINANCE AND FINANCE OFFICER DATE SCANNED: _____

