



AAC Endorsed Benefits

AAC Membership Rewards Card Discount Medical Application
Fax back to: 972-991-5218

Group Number : 92660C

Date ____/____/____

First Name _____ MI _____ Last Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Evening Phone (____) _____

E-mail _____

PLEASE SELECT YOUR PACKAGE:

Body Wellness Program (\$8.00 registration fee)

\$9.95 monthly \$119.40 yearly

Pharmacy - Retail & Mail Order, Vision (Coast to Coast), Aetna Dental Access, and TelaDoc with no consultation fee (Subject to availability).

Personal Wellness Program (\$9.00 registration fee)

\$12.95 monthly \$155.40 yearly

LifeLock - Individual Coverage, Roadside Assistance (Nation Safe Driver), Financial Help Line (ask AFS), Legal Club, and Tax Advice

Complete Wellness Program (\$10.00 registration fee)

\$19.95 monthly \$239.40 yearly

LifeLock - Individual Coverage, Roadside Assistance (Nation Safe Driver), Financial Help Line (ask AFS), Legal Club, Tax Advice, Pharmacy - Retail & Mail Order, Vision (Coast to Coast), and Aetna Dental Access, and TelaDoc with no consultation fee (Subject to availability).

SELECT YOUR METHOD OF PAYMENT: (check one)

CHECK / MONEY ORDER Enclosed

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Cardholder _____

Acct # _____ Exp. ____/____/____

Please charge my credit card: Annually Monthly

BANK DRAFT I HEREBY AUTHORIZE New Benefits to initiate funds transfers from the depository financial institution account indicated below and authorize my depository financial institution to honor those transfers. Debit my payment of \$_____ on the 20th of each month prior to my due date. Please enclose your first two monthly payments and a VOIDED CHECK with this application.

ACCOUNT HOLDER: _____ TYPE: CHECKING SAVING

NAME OF BANK (include city & state): _____

ABA # (at bottom of check) _____

ACCT # _____

SIGN HERE: _____ signature required

Disclosures:

This Plan is not insurance.

This discount card program contains a 30 day cancellation period. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309. Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date.

TelaDoc™ Disclaimers:

TelaDoc does not replace the primary care physician. TelaDoc is not available in Oklahoma. TelaDoc is available to members 10 years of age and older. TelaDoc does not guarantee that a prescription will be written and operates subject to state regulations. TelaDoc does not prescribe DEA controlled substances. TelaDoc physicians reserve the right to deny care for potential misuse of services. All rights reserved © TelaDoc, Inc. 2009

The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. Dental and Vision benefits are not available to VT residents.

Plans not available in IL or KS

Terms and Conditions

1. Member is defined as primary member, spouse, and all legal dependents. All legal dependents are automatically registered and no additional registration is required.
2. At any time, a participating professional may be eliminated from the respective network in which they are associated.
3. Companies providing benefits and discounts in this program are not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid.
4. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices from participating providers and subject to change without notice. From time to time, certain providers may offer products and/or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price.
5. Providers are subject to change without notice and programs may vary in some states. This is a discount membership program only, not insurance, and may be discontinued or modified at anytime. You will receive notice if the plan is discontinued or materially modified.
6. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased.
7. This program is a referral and discount plan and does not warrant professional services, nor is it responsible for the quality of care received. This program makes no warranties, express or implied, concerning services or care provided.
8. Companies providing benefits and discounts in this program are not licensed to provide and do not provide medical services or items to individuals. Providers contracted by each network associated with this program are solely responsible for the professional advice and treatment rendered to members and each company disclaims any liability with respect to such matters.
9. **Refund Policy and 30-day Money Back Guarantee:** If you cancel for any reason within 30 days after the effective date, you will receive a full refund of paid membership fees, excluding the one-time application fee. TN and AR residents: A refund of all fees will be issued if membership is canceled within first 30 days.

Note: This contract is not covered by any life and health guarantee association.