



Discount Medical Plan Application

Internal Use Only

Group Number: _____

Company: _____

Date ____/____/____

Employee Number _____

First Name _____ MI ____ Last Name _____ ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____

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

Email _____

PLEASE SELECT YOUR PACKAGE:

☐ **Total Advantage Individual:** **\$7.70 per month**

Benefits: Legal Services, Financial Helpline, ID Sanctuary Enhanced (Individual)

☐ **Total Advantage Family:** **\$10.04 per month**

Benefits: Legal Services, Financial Helpline, ID Sanctuary Enhanced (Family)

☐ **Total Advantage Plus Individual:** **\$8.58 per month**

Benefits: Legal Services, Financial Helpline, ID Sanctuary Enhanced (Individual), Pet Care

☐ **Total Advantage Plus Family:** **\$10.92 per month**

Benefits: Legal Services, Financial Helpline, ID Sanctuary Enhanced (Family), Pet Care

I hereby authorize my employer to deduct from my earnings such amounts as may now or hereafter be payable by me under the discount plan purchased through **(IMA)**. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings. I also acknowledge all rates are deducted from my paycheck post-tax.

EMPLOYEE'S

SIGNATURE _____ DATE _____



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Disclosures:

This plan is NOT insurance.

This discount card program contains a 30 day cancellation period.

LA, MS, ND, OK, RI, SC, SD and TX residents: 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. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. MA Residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309.

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Not available to residents of (VT, WA)

See reverse side for application.