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. 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.

Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week.

Not available to residents of (VT, WA)

See reverse side for application.