

Value Access Guarantee

VBA Members Limited Medical Benefits Program Pays Indemnity Benefits!



Several Benefit Options to choose from with these outstanding features:

- **Guaranteed Issue for members & their spouse's ages 18 through 64**, and dependent children to age 21 or age 23 if attending an accredited school fulltime
- **NO Deductibles or Co-pays** to satisfy before benefits can be paid
- **Hospitalization Daily Indemnity of \$500, \$1,000, \$1,250 or \$1,500 ***
- **Doctor Office Visit benefit of \$50 or \$75 per visit**, up to 5 per insured or 10 maximum per family
- **Preventive Care, Emergency Room Care, ICU & CCU & Ambulance benefits ***
- **Surgery, Anesthesia, Laboratory tests and X-Ray benefits**
- **Save money through access to Beech Street PPO Network Providers**
- **Or use your own Doctor, Hospital or Licensed Provider** and receive the same indemnity benefit
- **Pays Benefits in Addition** to any Other Insurance Coverage's
- **Coverage terminates at age 70 years old**
- **Pre-existing Conditions Limitation is waived** under the Doctors Office Visits Indemnity Benefit**

* This plan is not available in all states and benefit options vary by state.

Members also have access to Beech Street PPO Network Providers, one of the nations largest Preferred Provider Organizations!

Beech Street PPO Corporation has over 50 years of reliable service in the healthcare industry and has a network of over 400,000 respected doctors, 3,800 hospitals and over 52,000 ancillary network providers. Beech Street provides cost containment Network Services, URAC accredited and NCQA certified Clinical Services, and healthcare financial Specialty Services. More information about Beech Street can be found at www.beechstreet.com.

Insured Benefits Provided By: Companion Life Insurance Company, rated A+ (Superior) by A.M. Best Reports
Send Completed Membership Enrollment Forms to the representative listed or to VBA:



Value Benefits of America
15575 North 79th Place, Suite 100
Scottsdale, AZ 85260
Telephone: 1-408-596-6536 • Fax: 1-480-596-6518

Marketing Representative:

Eligibility & Effective Dates

VBA Value Access Guarantee membership eligibility include single individuals or married couples ages 19 through 64 years old with a social security number, and their dependent children to age 21 or to age 23 if attending an accredited school full time. Membership effective dates are on the 1st day of the next month at 12:01 am if enrolled by the 24th of the month; or enrollments received after the 24th will be effective on the 1st day of the following next month. There are no medical underwriting requirements to qualify for membership.

About Companion Life

Companion Life Insurance Company has specialized in group benefits for more than 35 years. It has earned an A.M. Best rating of A+ (Superior). We've earned these high marks due to our fiscal strength, investment practices and sound management. Now, we want to earn your trust by giving you the highest level of service and responsiveness possible.

10 Day Right To Return

If not completely satisfied with the coverage provided, simply return the certificate within 10 days after it is received, and all moneys' received will be refunded.

Value Benefits of America Member Services & Savings*

CallMD: Members have access to a nationwide network of medical doctors available 24 hours per day / 7 days per week for consultation or routine medical needs through the convenience of a toll free phone number, without having to take time to make an appointment or wait in line at a doctor's office. CallMD maintains members' electronic medical records (EMR) in a highly secured, Internet accessible environment and makes this information available to our network doctors prior to a doctor consultation. Furthermore, a CallMD Doctor can write a prescription where allowed by law when sufficient medical history is available. (*CallMD cannot write prescriptions for narcotics or DEA controlled substances.*)

The Dividend Club: Members will earn Dividends (paid quarterly to you) on Merchandise, Services, Travel & Entertainment when you shop from our On-line Mall and make a purchase. Choose from retailers like these, just to name a few, and get the dividends: Wal-mart.com, Target.com, BestBuy.com, CircuitCity.com, CompUSA.com, DisneyStore.com, OfficeMax.com, Brooks-Brothers.com, Brookstone.com, Buy.com, EddieBauer.com, LizClairborne.com, FOA.com, FOSSIL.com, HotelDiscounts.com, Jcrew.com, etc.

Included at no charge: Discounts at over 55,000 pharmacies for your prescription drugs as well as lab tests and x-ray imaging services

Rewards Network: America's Premier Dining Rewards Program and Hotel Discounts. Save up to 20% off every meal plus up to 15% off your hotel room rate

Refund Sweepers: Free Merchandise, Bargains, On-line Coupons, Rebates, Sweepstakes & more

Car Rental Services: Provides discounts at Alamo, National, Hertz and Avis

***DISCOUNTS AND DIVIDENDS ARE NOT INSURANCE BENEFITS**

Value Access Guarantee Insured Benefits Details

Daily In-Hospital Indemnity Benefit: If a Covered Person, while insured, is Confined in a Hospital as a result of Accident or Sickness, the Company will pay the Daily In-Hospital Indemnity Benefit amount, as shown in the Schedule, for each day of Confinement, for up to the Maximum Number of Days of Confinement, as shown in the Schedule.

Hospital Intensive Care Unit Confinement: (*Applicable only if this benefit is not excluded on the Schedule*)

If a Covered Person, while insured, is confined in a Hospital Intensive Care Unit, the Company will pay the Intensive Care benefit amount, as shown in the Schedule of Hospital Intensive Care Unit Confinement Benefit. If the covered person is confined in a Hospital Intensive Care Unit and is confined to a hospital intensive care unit again within 90 days for the same or related condition, it will be treated as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a Hospital Intensive Care Unit, it will be treated as a new confinement. The Hospital Intensive Care Unit Confinement and Hospital Confinement benefit will not be paid concurrently.

Surgical Indemnity Benefit: If a Covered Person has a covered surgery performed, the Company will pay the Surgical Indemnity Benefit amount. This amount is based on the Payment Factor amount, as shown in the Schedule of Surgical Indemnity Benefits, times the number of Surgical Procedure Units, as shown in the Schedule. If two or more procedures are performed through the same incision or operative field, payment will be made only for the procedure of the larger benefit. If more than one procedure is performed but each through separate incisions or in a separate operative field, the amount payable shall be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed. Unlisted Procedures: In addition to the procedures listed in the Schedule of Surgical Indemnity Benefits, amounts shall be payable for any other covered operations. The amounts for such procedures shall be determined by the Company in amounts consistent with those listed in the Schedule of Surgical Indemnity Benefits.

Anesthesia Indemnity Benefit: If the Surgical Indemnity Benefit is payable, the Company will pay the Anesthesia Indemnity Benefit amount, as shown in the Schedule, for the administration of anesthesia.

Outpatient Physician Office Visit Indemnity Benefit: The Company will pay the Outpatient Physician Office Visit Indemnity Benefit, as shown in the Schedule, for a Physician office visit as a result of Sickness or Accident, not to exceed the Maximum Number of Office Visits per Calendar Year, as shown in the Schedule.

Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit : The Company will pay the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit, as shown in the Schedule, when a Covered Person has diagnostic x-ray and laboratory tests performed. This benefit is limited to once per day of testing, not to exceed the Maximum Number of Testing Days per Calendar Year, as shown in the Schedule. These include tests that show a need for treatment or that are made because of definite symptoms of Accident or Sickness.

Emergency Room Visit Indemnity Benefit: (*Applicable only if this benefit is not excluded on the Schedule*)

The Company will pay an Emergency Room Visit Indemnity Benefit for services that result from a Sickness or Injury that are Medically Necessary and are provided on an Emergency basis that do not result in Hospital Confinement. Emergency Room Visit Indemnity Benefits will be paid for an Insured or a Dependent. The Emergency Room Visit Indemnity Benefit amount is shown on the Schedule of Benefits. Benefits payable will not exceed the Calendar Year maximum benefit amount shown on the Schedule of Benefits. A Covered Person shall have free choice of any Physician and the Physician-patient relationship shall be maintained.

Ground Ambulance Service Indemnity Benefit: (*Applicable only if this benefit is not excluded on the Schedule*)

If a Covered Person requires the use of Ground Ambulance Service for transportation to or from a Hospital as a result of Accident or Sickness, the Company will pay the Ground Ambulance Service Indemnity Benefit, as shown in the Schedule, up to the maximum number of trips, as shown in the Schedule. Air ambulance transportation will be payable only if medically necessary and to the nearest facility equipped to handle the Covered Person's Accident or Sickness. Any exclusion or limitation in the policy/certificate relating to ambulance services will be disregarded to the extent that it is inconsistent with this benefit.

VALUE ACCESS GUARANTEE SCHEDULE OF INSURED BENEFITS	Option 1	Option 2	Option 3	Option 4
<i>Plans for the states of: AL, AK, AZ, AR, CO, DC, DE, GA, IL, IA, KY, LA, ME, MA, MI, MS, MO, NE, NM, NC, OH, OK, PA, RI, SC, TN, TX, VA, WI, WY</i>				
Waiting Period after Coverage Effective date:				
Injury	0 Days	0 Days	0 Days	0 Days
Illness	30 Days	30 Days	30 Days	30 Days
Doctors Office Visit Indemnity Benefit (Paid per Visit):	\$50	\$50	\$75	\$75
Maximum Visits per Calendar Year per Individual	5	5	5	5
Maximum Visits per Calendar Year per Family (This benefit is not subject to the Preexisting Conditions Limitation)	10	10	10	10
Preventive Care Indemnity Benefit:	\$50	\$50	\$75	\$75
Maximum 1 Visit per Calendar Year per Individual				
Daily In-Hospital Indemnity Benefit: Paid for each day of hospital confinement	\$500	\$1,000	\$1,250	\$1,500
Maximum number of days per confinement	30 days	30 days	30 days	30 days
Daily Hospital Intensive Care Unit Confinement Indemnity Benefit: Not paid in addition to the Daily In-Hospital Indemnity	\$900	\$1,200	\$1,500	\$1,500
Maximum number of days per confinement per Individual	30 days	30 days	30 days	30 days
Surgery Indemnity Benefit: The surgery benefit is based on multiplying the Payment Factor for the procedure listed in the Surgical Schedule, by the Surgical Procedure Unit:	Up to \$2,400	Up to \$5,000	Up to \$7,500	Up to \$7,500
Surgical Procedure Units:	16	33	50	50
Maximum Surgical Sessions per Calendar Year per Individual	2	2	2	2
Anesthesia Indemnity Benefit: Payment is based on a Percentage of the Surgical Indemnity Benefit	20%	20%	20%	20%
Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit for each day of testing:	\$50	\$100	\$150	\$150
Maximum number of Testing Days per Calendar Year per Individual	5	5	5	5
Emergency Room Indemnity Benefit: Maximum 1 Visit per Calendar Year per Individual	\$50	\$100	\$150	\$150
Ambulance Benefit Indemnity Benefit: Maximum 1 Visit per Calendar Year per Individual	\$50	\$50	\$50	\$100
Monthly Cost [†]	Option 1	Option 2	Option 3	Option 4
Single:	\$130.32	\$199.34	\$278.82	\$288.10
Family:	\$318.62	\$498.06	\$704.72	\$728.88

[†] There is a \$20 enrollment fee. The Single rate includes a \$15 monthly administration fee and the Family rate includes a \$30 monthly administration fee.

* This plan is not available in all states and benefit options vary by state.

** Pre-Existing Conditions: No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until coverage has been in effect under the Policy for 12 consecutive months. This Pre-Existing Conditions Limitation is waived under the Outpatient Physician Office visit Indemnity Benefit.

VALUE ACCESS GUARANTEE SCHEDULE OF INSURED BENEFITS	Option 5	Option 6	Option 7	Option 8
<i>Plans for the states of: KS, NV, ND, UT, VT</i>				
Waiting Period after Coverage Effective date:				
Injury	0 Days	0 Days	0 Days	0 Days
Illness	30 Days	30 Days	30 Days	30 Days
Doctors Office Visit Indemnity Benefit (Paid per Visit):	\$50	\$50	\$75	\$75
Maximum Visits per Calendar Year per Individual	5	5	5	5
Maximum Visits per Calendar Year per Family (This benefit is not subject to the Preexisting Conditions Limitation)	10	10	10	10
Daily In-Hospital Indemnity Benefit: Paid for each day of hospital confinement	\$500	\$1,000	\$1,250	\$1,500
Maximum number of days per confinement	30 days	30 days	30 days	30 days
Surgery Indemnity Benefit: The surgery benefit is based on multiplying the Payment Factor for the procedure listed in the Surgical Schedule, by the Surgical Procedure Unit:	Up to \$2,400	Up to \$5,000	Up to \$7,500	Up to \$7,500
Surgical Procedure Units:	16	33	50	50
Maximum Surgical Sessions per Calendar Year per Individual	2	2	2	2
Anesthesia Indemnity Benefit: Payment is based on a Percentage of the Surgical Indemnity Benefit	20%	20%	20%	20%
Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit for each day of testing:	\$50	\$100	\$150	\$150
Maximum number of Testing Days per Calendar Year per Individual	5	5	5	5
Monthly Cost [†]	Option 5	Option 6	Option 7	Option 8
Single:	\$118.48	\$184.28	\$257.08	\$264.66
Family:	\$287.86	\$458.92	\$648.24	\$667.92

[†] There is a \$20 enrollment fee. The Single rate includes a \$15 monthly administration fee and the Family rate includes a \$30 monthly administration fee.

* This plan is not available in all states and benefit options vary by state.

** Pre-Existing Conditions: No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until coverage has been in effect under the Policy for 12 consecutive months. This Pre-Existing Conditions Limitation is waived under the Outpatient Physician Office visit Indemnity Benefit.

VALUE ACCESS GUARANTEE SCHEDULE OF INSURED BENEFITS	Option 5	Option 9
<i>Plans for: FLORIDA</i>		
Waiting Period after Coverage Effective date:		
Injury	0 Days	0 Days
Illness	30 Days	30 Days
Doctors Office Visit Indemnity Benefit (Paid per Visit):	\$50	\$75
Maximum Visits per Calendar Year per Individual	5	5
Maximum Visits per Calendar Year per Family (This benefit is not subject to the Preexisting Conditions Limitation)	10	10
Daily In-Hospital Indemnity Benefit: Paid for each day of hospital confinement	\$500	\$1,000
Maximum number of days per confinement	30 days	30 days
Surgery Indemnity Benefit: The surgery benefit is based on multiplying the Payment Factor for the procedure listed in the Surgical Schedule, by the Surgical Procedure Unit:	Up to \$2,400	Up to \$2,400
Surgical Procedure Units:	16	16
Maximum Surgical Sessions per Calendar Year per Individual	2	2
Anesthesia Indemnity Benefit: Payment is based on a Percentage of the Surgical Indemnity Benefit	20%	20%
Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit for each day of testing:	\$50	\$100
Maximum number of Testing Days per Calendar Year per Individual	5	5
Monthly Cost †	Option 5	Option 9
Single:	\$118.48	\$170.10
Family:	\$287.86	\$419.48

† There is a \$20 enrollment fee. The Single rate includes a \$15 monthly administration fee and the Family rate includes a \$30 monthly administration fee.

* This plan is not available in all states and benefit options vary by state.

** Pre-Existing Conditions: No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until coverage has been in effect under the Policy for 12 consecutive months. This Pre-Existing Conditions Limitation is waived under the Outpatient Physician Office visit Indemnity Benefit.

Value Access Guarantee Insured Benefits Details (Continued)

Preventive Care Indemnity Benefit: *(Applicable only if this benefit is not excluded on the Schedule)*

Preventive Care Indemnity Benefit will be paid for a Covered Person as described below:

A. The Company will pay the indemnity benefit shown in the Schedule of Benefits for an annual physical examination for the Insured and his covered Dependents up to the Calendar Year maximum shown on the Schedule of Benefits. These services will only be covered to the extent that the services are provided by, or under the supervision of, a single Physician during the course of one (1) visit. Services include: 1. A history; 2. Physical Examination; 3. X-rays; Laboratory services including, but not limited to, a Pap test, colorectal screening and prostate cancer screening.

B. The Company will pay the indemnity benefit shown in the Schedule of Benefits for a low-dose screening mammogram for any non-symptomatic woman covered under the Policy/Certificate with the following frequency.

1. One (1) baseline mammogram for women aged thirty-five (35) through thirty-nine (39);
2. One (1) every two (2) years for women aged forty (40) through forty-nine (49); and
3. One (1) annually for women age fifty (50) AND OVER.

C. The Company will pay the indemnity benefit shown in the Schedule of Benefits for well child care from the moment of birth to Age six (6) years. Benefits will be limited to one (1) Physician's visit at the following specified age intervals: 1 visit at age 30 days to 1 year, and annually thereafter, up to Age 6. Covered well child care is the periodic review of a child's physical and emotional status. This periodic review will only be covered to the extent that the services are provided by, or under the supervision of, a single Physician during the course of one (1) visit. A review shall include: 1. A history; 2. Complete physical examination; 3. Developmental assessment; 4. Anticipatory guidance; 5. Appropriate immunizations; 6. Laboratory tests; and 7. Hearing and vision screening; In keeping with prevailing medical standards. Such services must be provided within one (1) month prior to or after reaching each Age without benefit or carrying over any visitations. In the event an appropriate immunization, lab test or portion of an examination cannot be performed at a particular Age, such service shall be deemed to be covered upon the next scheduled visit.

If a benefit is already shown for one of the above-described benefits, the benefit terms of the Policy/Certificate will control to the extent the terms are not consistent with the above described benefit.

The benefits described above will be paid directly to the provider of services. To authorize the benefit payment to the Covered Person, the Insured must make the proper authorization on the medical claim form.

Exclusions and Limitations

Pre-Existing Conditions: No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until coverage has been in effect under the Policy for 12 consecutive months. This Pre-Existing Conditions Limitation is waived under the Outpatient Physician Office visit Indemnity Benefit.

- 4.01** With respect to all of the benefits provided under the Policy, no benefits will be payable as the result of:
- a. suicide or any attempt thereat, while sane; b. any intentionally self-inflicted injury or Sickness; c. rest care or rehabilitative care and treatment; d. cosmetic surgery or care or treatment solely for cosmetic purposes, or complications there from. This exclusion does not apply to cosmetic surgery resulting from a covered Accident if initial treatment of the Covered Person is begun within 12 months of the date of the Accident; e. immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals; f. routine newborn care, including routine nursery charges; g. voluntary abortion, except with respect to the Insured or covered Dependent spouse: 1. where such person's life would be endangered if the fetus were carried to term; 2. or where medical complications have arisen from an abortion; h. normal pregnancy, except for Complications of Pregnancy; i. the treatment of: 1. mental illness; 2. functional or organic nervous disorder, regardless of cause; 3. alcohol abuse; 4. drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed for more than 10 days in any Calendar Year, with respect to payment of the Daily In-Hospital Indemnity Benefit; j. participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include loss which occurs while acting in a lawful manner within the scope of authority; k. committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal Occupation; l. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; m. air travel, except: 1. as a fare-paying passenger on a commercial airline on a regularly scheduled route; 2. as a passenger for transportation only and not as a pilot or crew member; n. any Accident occurring as a result of the Covered Person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Accident took place); o. sex changes; p. experimental treatments or surgery; q. the reversal of tubal ligation and vasectomies; r. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law; s. treatment of exogenous obesity or weight control; t. an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the service of any military, naval or air force of any country engaged in war. The Company will refund the pro rata unearned premium for any such period the Covered Person is not covered; u. accident or sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made; v. Pre-Existing Conditions, except as described in the Schedule; w. air or ground ambulance service.
- 4.02** In addition to the Exclusions and Limitations for all coverage's, the following are not covered under the Out-Patient Physician Office Visit Indemnity Benefit and the Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit: a. visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while Confined to a Hospital; b. routine eye examinations or fitting of glasses; c. fitting of hearing aids; d. dental examinations or dental care other than expenses resulting from accidental injury; e. benefits which are provided under any other part of the Policy.
- 4.03** In addition to the Exclusions and Limitations for all coverage's, the following are not covered under the Outpatient Prescription Drug Indemnity Benefit, if applicable: f. drugs and medicines which may be lawfully obtained without a Physician's prescription; except insulin; g. therapeutic devices or appliances. This includes hypodermic needles, syringes, support garments and other non-medical items; h. drugs labeled "Caution – limited by federal law to investigational use" or experimental drugs; i. drugs, medicines or insulin, in whole or in part, used by or administered to a Covered Person while Confined in a Hospital, rest home, sanatorium, extended care facility, convalescent hospital, nursing home or similar institution; j. immunization agents, biological sera, blood or blood plasma; k. contraceptive materials, devices or medications or infertility medication, except where required by law.

Important Notice: The policy terms and conditions are briefly outlined in this marketing overview. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Value Benefits of America (VBA). If you would like to see the policy in its entirety, please contact your agent or VBA at 800-366-2467. In the event of any conflict between this information contained herein and the Master Policy, the Policy will govern.



**VALUE ACCESS GUARANTEE
COMPANION LIFE INSURANCE COMPANY
ENROLLMENT FORM FOR INSURANCE**

1) Complete Member information:

Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Occupation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

2) Complete if you are enrolling for Family Membership: (If more than 4 children, attach a list to this form)

Spouse's Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Occupation: _____
Child's Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____
Child's Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____
Child's Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____
Child's Name: _____ Social Security #: _____
 Date of Birth: _____ Age: _____ Sex: _____ Relationship: _____

3) Membership Monthly Cost: \$ _____ (There is a onetime \$20 enrollment fee.)

4) Select one for each a, b and c listed below:

- a) Membership Type: Single Family
- b) Membership Level: Option 1 Option 2 Option 3 Option 4 Option 5
 Option 6 Option 7 Option 8 Option 9
- c) Monthly Payment Method: Bank Draft Credit Card List Bill (Minimum 2 or more)

5) Applicant Authorization:

**DO NOT CANCEL OTHER COVERAGE UNTIL NOTIFIED IN WRITING BY THE INSURANCE COMPANY OF
ACCEPTANCE OF THIS APPLICATION**

I understand and agree that the falsity of any answer or statement in this application which materially affects the risk or hazard assumed by the Insurance Company may bar the right to any recovery under any Certificate issued. I understand that no coverage will become effective under the Certificate until written approval is received from the Insurance Company. I understand that No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until coverage has been in effect under the Policy for 12 consecutive months. This Pre-Existing Conditions Limitation is waived under the Outpatient Physician Office visit Indemnity Benefit. I AUTHORIZE Value Benefits of America TO COLLECT ANY AND ALL MONTHLY COSTS DUE UNDER THE POLICY

X _____
 Member Signature Date

VBA Member Agreement:

By signing the enrollment form; Member expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans are not insurance, but membership does include certain limited benefit or supplemental insured coverage's. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may be changed for all members, but not individually, with notification.

X _____
 Member Signature Date

Representative Name: _____ GAC # _____
 Phone: _____ Fax: _____ Email: _____
 Address: _____ City: _____ ST: _____ Zip _____
 Marketed By: _____ ALLIED BROKERAGE SERVICES _____ GAC # 113726 _____

FRAUD WARNING NOTICES

(If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

Arkansas/Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.
DC	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky/Ohio	I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico/ Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MMA 2272

VALUE ACCESS GUARANTEE ENROLLMENT INSTRUCTIONS

1) MONTHLY PAY: COMPLETE ONE OF THE PAYMENT METHODS BELOW

BANK INFORMATION & AUTHORIZATION FOR AUTOMATIC MONTHLY BANK DRAFT:

Name of Depositor, as it appears on the Bank Institutions Records

Account Number Routing / Transit Number

Name of Banking Institution Branch

Address City State Zip

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and/or insurance premiums. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance, benefits, or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier. **Please attach a voided check from the account you want billed for your membership/coverage.**

X _____
Signature of Depositor Date Additional Signature (If joint account) Date

CREDIT CARD INFORMATION & AUTHORIZATION: VISA MasterCard Payment enclosed: \$ _____

Card #: _____ Expiration Date: _____ CVV code from back card: _____

X _____
Signature of Cardholder Today's Date

If your coverage is issued, your insurance documents and membership booklet will be available for you to download and print at www.gacquote.com/member_login.htm If you do not have access to the Internet they can be mailed to you for a nonrefundable \$15 handling fee that will be either charged to your credit card or drafted from your bank account. Indicate here if you want them mailed and authorize us to charge the \$10 handling fee.

Mail me the documents and charge the \$10 Handling Fee to my account

If Direct List Bill is requested, please include your check payable to the VBA for the first month plus the onetime \$20 enrollment fee per enrollment. There is a minimum of 2 per list bill. Call your Agent or VBA for the list bill form.

Mail or fax your completed forms to your agent listed or to:

**VALUE BENEFITS OF AMERICA • 15575 NORTH 79TH PLACE, SUITE 100 • SCOTTSDALE, AZ 85260
MARKETING OFFICE: 1-480-596-6536 • FAX: 1-480-596-6518**

VBA TERMS AND CONDITIONS:

1. Member understands that VBA is not an insurance company or program. Insured Benefit Payments are made by the administrator for the insurance company issuing the master policy to Members.
2. VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.
3. Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.
4. Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.
5. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee are deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.
6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.
7. Memberships cancelled within the first 10 days of the receipt of enrollment materials & Certificate of Coverage may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.
8. Membership is effective on the 1st of the month following enrollment acceptance by VBA.