

VALUE HEALTH, HOSPITAL & MED PLANS
LIST BILL SUBMISSION FORM TO GEM ADMINISTRATORS

(Must Complete in Full)

GENERAL INFORMATION

Business Name / Organization: _____ Nature of Business: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

To Qualify for the Value Health Plan "No Health Underwriting Questions Application" the Employer must pay for the entire premium. Please indicate the Coverage level the Employer is Paying for: Silver Gold Platinum
Is the Employer also paying for the Dependent Coverage at the same level as the Employee's? Yes No
If NO, then the employee must complete the full medical application for their Dependents and indicate Coverage level.

BILLING INSTRUCTIONS

Contact Person _____ Phone: _____ Email: _____

Send Billings To: (If different than above) _____

Requested effective date (Must be the 1st or 15th). We must receive completed applications and 1st months premium / fees 14 days before date requested.: _____

REPRESENTATIVE INFORMATION

Rep Name: _____ GAC #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

EMPLOYER AUTHORIZATION

This Agreement authorizes the contact of employees/members of this business/organization concerning insurance premiums, dues and fees billed by GEM Administrators. Authorization is given to send billings to the location named above. The responsibility of assuring that dues have been remitted to GEM on behalf of their employee/member is that of the business/organization named above. *(See member list form on page 3)*

List bills for membership dues and fees will be due on the 15th of each month before the next due date. There is no grace period for membership dues. If dues are not received by the due date, all membership benefits will be cancelled. There will not be any reinstatements. It is the final responsibility of the business/organization to submit list bill dues and fees by the due date even if list bill information has not been received. Either the business/organization or VBA may, upon reasonable notice to the other, terminate this Agreement, in which event the payment of dues will be a matter of accounting directly between each employee/member and VBA.

Organization / Employer understands that these products are not major medical or catastrophic medical insurance plans.

Signature (Authorized Officer): _____ Date: _____

Print Name: _____

Make check payable: 1) Value Health or Hospital Plan alone or with Value Med Applications - GEM Administrators
2) Value Med only Applications - MUST USE GTL / UNL LIST BILL & AUTHORIZATION

**SEND ALL ENROLLMENTS / APPLICATIONS TO:
VBA ASSOCIATION - 15575 N 79TH PLACE, SUITE 100 - SCOTTSDALE, AZ 85260
PHONE: 1-800-366-2467 - FAX: 1-800-471-7996**

(Employer must also complete VBA Enrollment Form on page 2, and include the list of employees to be insured on page 3)

VALUE BENEFITS OF AMERICA CLASSIC*
MEMBERSHIP ENROLLMENT FORM FOR LIST BILL

Member Name (Employer): _____

I agree to the Value Benefits of America terms and conditions as listed on this form.

X

Signature of Business Owner or Primary Officer

Date Signed

About Value Benefits of America Classic Membership:

Classic Benefits include over 400 major chains on-line in over 50 shopping categories, including everything from major department stores to specialty retailers to boutiques. In addition to earning rewards up to 25% shopping at participating on-line merchants, you can also receive point of sale discounts up to 50% from leading national retailers. Point of sale discounts are available on brand name merchandise, travel services and entertainment, including savings on movie tickets, movie rentals and at theme parks nationwide. You'll also enjoy savings of up to 60% dining at fine restaurants nationwide with discounted dining certificates, and the savings don't stop there. Included at no charge are discounts at over 55,000 pharmacies for your prescription drugs as well as lab tests and x-ray imaging services. Complete details of membership benefits are provided at www.VBAmembers.com.

Membership Cost is \$5 per month for each member / or employee on the list bill form.

*Classic Membership does not include Accident Medical, Emergency Air Ambulance or Accidental Death & Dismemberment Benefits.

VBA Terms and Conditions:

1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage 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 is 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. Membership cancelled within the first 30 days of the enrollment date 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.

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 may include certain limited 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.

VBA MEMBERSHIP ENROLLMENT LIST FOR GEM ADMINISTRATORS MONTHLY BILLING
 (Minimum of 2 Members for list bill. Minimum of 5 for GI Value Health or Hospital)

MEMBER NAME (Last, First, MI)	Social Security #	# of Family Members	Member Dues (Monthly)	Value Health Add \$15.00 Mo. Admin. Fee	Value Hospital Add \$7.50 Mo. Admin. Fee	Value Med Rate (If Value Med only, must use GTL/UNL List bill forms)	Final Monthly Totals Per Member
1.			\$5.00				
2.			\$5.00				
3.			\$5.00				
4.			\$5.00				
5.			\$5.00				
6.			\$5.00				
7.			\$5.00				
8.			\$5.00				
9.			\$5.00				
10.			\$5.00				
11.			\$5.00				
12.			\$5.00				
13.			\$5.00				
14.			\$5.00				
15.			\$5.00				
16.			\$5.00				
17.			\$5.00				
18.			\$5.00				
19.			\$5.00				
20.			\$5.00				
TOTAL THIS PAGE							

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