Discount Medical Plan Application

Complete and fax to: 817-410-5999

- or - mail to: Empower Discount Medical Plan
512 Silicon Drive
Southlake, TX 76092

First Name (primary)	Middle Name	Last Name	Date of Birth	Sex
First Name (spouse)	Middle Name	Last Name	Date of Birth	Sex
Address	City	State	Zip	
Sales Agent Name	Sales Agent ID#			

I hereby apply for membership in the Empower Medical Discount Plan. I understand the benefits provided by this plan are not insurance benefits. I authorize my employer to deduct from my earnings the necessary contribution, if any required by me, if applicable. I understand that my cancellation of these benefits will be made on the last day of the month in which Empower Benefits recieves my written cancellation notice.

X

Signature Date

Please Select a Savings Plan

☐ Standard	☐ Silver	☐ Gold	☐
$12.85/Month	*$19.75/Month*	*$29.85/Month*	
These benefits are included in all of our packages - Dental Care - Diabetic Supplies - Fitness Advantage - Legal Services - Pharmacy - Vitamins - Vision Care	**All Benefits of the *Standard* plus these additional benefits** - Alternative Medicine - Chiropractic Care - Physician Visit/Hospital Referral - Worklife Services - Doctors Online & Nurse Line - Global Travel Assist - Hearing Aids	**All Benefits of the *Silver Package* plus these additional benefits** - Counseling Services	

Monthly Membership Fee (based on plan selected) $ ______

One-Time Registration Fee $ 20.00

Total Amount Due $ ______

Please Indicate Type of Payment (Credit Card or Bank Draft)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number	Expiration Date
Cardholder Name	
Phone Number	
Authorized Signature X	

☐ Bank Draft (Please draft on the ☐ 1st ☐ 15th of the month)

As a convenience to me, I hereby ask and authorize my Bank to charge my account, drafts or EFT notices drawn by Empower Brokerage. This authorization will remain in effect until I revoke it in writing and until the Bank actually gets such notice. I agree that Empower Brokerage shall be fully protected in charging such payments to my account. I agree that Empower Brokerage's treatment of and rights in respect to each such charge shall be the same as if it were signed personally by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, Empower Brokerage shall be under no liability whatsoever, even though such dishonor results in the forfeiture of membership in the Empower Savings Plan. I have instructed Empower Brokerage to send this authorization to my Bank.

Routing Number	Account Number
Authorized Signature X	

This plan is NOT insurance

Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd. Dallas, TX 75244

This discount card program contains a 30 day cancellation period

This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. Member shall recieve a full refund of membership fees, excluding registration fee, if membership is cancellede within the first 30 days after receipt of membership materials. Available only in TX, OK, CO, NM, AZ, LA, AR, MO, NV, NE. * - NOT Required 1 - Hospital discounts NOT available in Maryland. 2 - Travel Assist NOT available to Oregon, Connecticut, Florida and Washington residents. 3 - All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, of the group policy. To obtain more information about this insurance, please ask to speak to a licensed agent. All members of the Program are enrolled into the Consumers Direct Association of America (CDAoA) to be eligible to receive these benefits. The insurance benefits are underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc[1] under Group AD&D & Medical Care Insurance Policy (Form #G-19000) issued to Consumers Direct Association of America (CDAoA). ([1]The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.) THIS IS NOT BASIC HEALTH INSURANCE. THIS OFFER INCLUDES DISCOUNTS AND/OR SERVICES PLUS ADDED LIMITED BENEFIT SUPPLEMENTARY INDEMNITY INSURANCE. NONE OF THESE, INIDIVIDUALLY OR IN COMBINATION ARE A SUBSTITUTE FOR BASIC HEALTH COVERAGE, MAJOR MEDICAL INSURANCE OR ANY OTHER MEDICAL EXPENSE REIMBURSEMENT INSURANCE PLAN. Actual cost and savings vary by provider and geographical area (According to the Aetna Enterprise Provider Database as of March 1, 2006). Dental Benefit is not available to Vermont residents. 4 - Chiropractic Benefit is not available to Vermont residents.

Form: ESP-101