

INTRODUCTION

Good (Morning, Afternoon, Evening). My name is *(Agent Name)* with *(Agency Name)*. May I speak to *(Customer Name)*? Our company is currently representing The Health Depot Association (“HD”), which is an association of self-employed workers and independent contractors. We received your online request for a quote on the Association’s Consumer, Business, Health and Wellness benefits. I am the licensed agent assigned to your files and am here to assist you.

I am calling today to talk about our **HD ClearPoint membership**. The HD ClearPoint membership plans include a selection of everyday consumer, business, health and wellness discounts and services, as well as Group Fixed Indemnity Limited Benefit Medical and Outpatient Prescription Drug Insurance benefits underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. With 6 plan levels to choose from, you’re sure to find a plan level that meets your benefit and budget needs.

The Group Fixed Indemnity Limited Benefit Medical Insurance included in the HD ClearPoint membership provides limited benefits on a fixed indemnity basis. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

Here is a summary of membership features and benefits:

GROUP FIXED INDEMNITY LIMITED BENEFIT MEDICAL INSURANCE

HOSPITAL CONFINEMENT BENEFIT

This benefit will pay for each day that an Insured Person is Confined to a Hospital due to an Injury or Sickness. The benefit is payable from the first day of Confinement.

HD ClearPoint Level 1 – \$150 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

HD ClearPoint Level 2 – \$250 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

HD ClearPoint Level 3 – \$350 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

HD ClearPoint Level 4 – \$500 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

HD ClearPoint Level 5 – \$750 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

HD ClearPoint Level 6 – \$1,000 per day for up to **30 days per Confinement**, unlimited number of confinements per Benefit Period.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT

This benefit will pay for each day that the Insured Person is Confined in an Intensive Care Unit due to an Injury or Sickness. The benefit is payable from the first day of Confinement. This benefit is in addition to any other Confinement benefit under the Policy.

HD ClearPoint Level 1 – \$150 per day for up to **5 days per Benefit Period**.

HD ClearPoint Level 2 – \$250 per day for up to **5 days per Benefit Period**.

HD ClearPoint Level 3 – \$350 per day for up to **5 days per Benefit Period**.

HD ClearPoint Level 4 – \$500 per day for up to **5 days per Benefit Period**.

HD ClearPoint Level 5 – \$750 per day for up to **5 days per Benefit Period**.

HD ClearPoint Level 6 – \$1,000 per day for up to **5 days per Benefit Period**.

IN-HOSPITAL SURGICAL BENEFIT

This benefit will pay for each day an Insured Person has a surgery due to an Injury or Sickness. Inpatient surgical operations must be performed while the Insured Person is Confined to the Hospital. Benefits are not payable for surgical operations performed in a Physician's office.

HD ClearPoint Level 1 – No In-Hospital Surgical Benefit

HD ClearPoint Level 2 – \$500 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 3 – \$500 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 4 – \$700 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 5 – \$700 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 6 – \$1,000 per day for up to **1 day per Benefit Period**.

OUTPATIENT SURGICAL BENEFIT

This benefit will pay for each day an Insured Person has a surgery due to an Injury or Sickness. Outpatient surgical operations must be performed in a Hospital outpatient surgery facility or a free-standing Outpatient surgery center. If an Insured Person is subsequently Hospital Confined, the surgery will be considered an Inpatient surgical operation. Benefits are not payable for surgical operations performed in a Physician's office.

HD ClearPoint Level 1 – No Outpatient Surgical Benefit

HD ClearPoint Level 2 – \$500 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 3 – \$500 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 4 – \$700 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 5 – \$700 per day for up to **1 day per Benefit Period**.

HD ClearPoint Level 6 – \$1,000 per day for up to **1 day per Benefit Period**.

ANESTHESIA BENEFIT

This benefit will pay for each day the Surgery benefit is paid and anesthesia is administered to an Insured Person.

HD ClearPoint Level 1 – No Anesthesia Benefit

HD ClearPoint Level 2-6 – 25% of the Surgery Benefit

OUTPATIENT PHYSICIAN OFFICE VISIT BENEFIT

This benefit will pay for each day an Insured Person receives treatment for Injury or Sickness in a Physician's office or Urgent Care Facility.

HD ClearPoint Level 1 – \$60 per day for up to **6 days per Benefit Period**.

HD ClearPoint Level 2 – \$60 per day for up to **6 days per Benefit Period**.

HD ClearPoint Level 3 – \$60 per day for up to **8 days per Benefit Period**.

HD ClearPoint Level 4 – \$70 per day for up to **8 days per Benefit Period**.

HD ClearPoint Level 5 – \$70 per day for up to **8 days per Benefit Period**.

HD ClearPoint Level 6 – \$80 per day for up to **10 days per Benefit Period**.

OUTPATIENT DIAGNOSTIC LABORATORY TESTS BENEFIT

This benefit will pay for each day an Insured Person undergoes an Outpatient diagnostic laboratory test for processing in a laboratory to diagnose an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The Outpatient diagnostic laboratory test must be submitted to an Outpatient facility or, if submitted to a Hospital, submitted while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many Outpatient diagnostic laboratory tests an Insured Person undergoes in a single day. Routine or wellness lab screens and tests are not covered under this benefit.

HD ClearPoint Level 1 – \$30 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 2 – \$40 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 3, 4 – \$50 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 5 – \$60 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 6 – \$70 per day for up to **3 days per Benefit Period**.

OUTPATIENT DIAGNOSTIC TESTS BENEFIT

This benefit will pay for each day an Insured Person has one or more x-rays, radiological tests and/or other non-laboratory medical tests performed to diagnose an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The test must be performed in an Outpatient facility or, if performed in a Hospital, performed while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many diagnostic tests are performed in a single day. Laboratory tests and routine wellness screens and tests are not covered under this benefit.

HD ClearPoint Level 1, 2 – \$50 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 3 – \$60 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 4 – \$50 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 5 – \$60 per day for up to **3 days per Benefit Period**.

HD ClearPoint Level 6 – \$70 per day for up to **3 days per Benefit Period**.

OUTPATIENT ADVANCED DIAGNOSTIC TESTS BENEFIT

This benefit will pay for each day an Insured Person has an Advanced Diagnostic Test performed for diagnosis of an Injury or Sickness for which symptoms have been presented. The tests must be ordered by the Insured Person's attending Physician. The tests must be performed in an Outpatient facility or, if performed in a Hospital, performed while the Insured Person is an Outpatient. Only one benefit is payable per day, no matter how many Advanced Diagnostic Tests are performed in a single day. This benefit is in addition to the Outpatient Diagnostic Tests benefit.

***Level One Benefits: (Ultrasound, Mammogram, Stress Test, Echocardiogram, EEG, or EKG)**

***Level Two Benefits: (CT or CAT, MRI, MRA or PET)**

ClearPoint Level 1 – No Advanced Diagnostic Tests Benefit

HD ClearPoint Level 2 – Level One: \$50 per day / Level Two: \$150 per day, for up to **3 days per Benefit Period for Levels One and Two Combined**.

HD ClearPoint Level 3, 4, 5 – Level One: \$100 per day / Level Two: \$300 per day, for up to **3 days per Benefit Period for Levels One and Two Combined**.

HD ClearPoint Level 6 – Level One: \$150 per day / Level Two: \$450 per day, for up to **3 days per Benefit Period for Levels One and Two Combined**.

AMBULANCE TRANSPORTATION BENEFIT

This benefit will pay for each day an Insured Person is transported by a duly licensed ambulance service to the nearest facility equipped to treat an Insured Person's Injury or Sickness. The transportation must occur within 72 hours of the Accident or onset of the Sickness. This does not include transportation solely to the Insured Person's personal Physician or to secure treatment from a Physician or a facility of greater renown. Only one benefit is payable per day, no matter how the transportation is provided or how many transportations are provided in a single day. If more than one type of transportation is provided (air, ground or water) in the same day, the higher benefit will be paid.

HD ClearPoint Level 1 – Ground/Water Ambulance: \$100 per day / Air Ambulance: \$300 per day, for up to **1 day per Benefit Period**.

HD ClearPoint Level 2 – Ground/Water Ambulance: \$150 per day / Air Ambulance: \$450 per day, for up to **1 day per Benefit Period**.

HD ClearPoint Level 3 – Ground/Water Ambulance: \$200 per day / Air Ambulance: \$600 per day, for up to **1 day per Benefit Period**.

HD ClearPoint Level 4 – Ground/Water Ambulance: \$250 per day / Air Ambulance: \$750 per day, for up to **1 day per Benefit Period**.

HD ClearPoint Level 5 – Ground/Water Ambulance: \$300 per day / Air Ambulance: \$900 per day, for up to **1 day per Benefit Period**.

HD ClearPoint Level 6 – Ground/Water Ambulance: \$300 per day / Air Ambulance: \$900 per day, for up to **1 day per Benefit Period**.

EMERGENCY ROOM FOR INJURIES BENEFIT

This benefit will pay for each day an Insured Person receives treatment in a Hospital emergency room due to an Injury. The treatment must begin within 72 hours of the Accident.

HD ClearPoint Level 1, 2, 3 – \$300 per day for up to **2 days per Benefit Period**.

HD ClearPoint Level 4, 5, 6 – \$500 per day for up to **2 days per Benefit Period**.

EMERGENCY ROOM FOR SICKNESS BENEFIT

This benefit will pay for each day an Insured Person receives treatment in a Hospital emergency room due to a Sickness.

HD ClearPoint Level 1, 2 – \$50 per day for up to **2 days per Benefit Period**.

HD ClearPoint Level 3, 4 – \$75 per day for up to **2 days per Benefit Period**.

HD ClearPoint Level 5, 6 – \$100 per day for up to **2 days per Benefit Period**.

OUTPATIENT ACCIDENT BENEFIT

This benefit will pay for each day an Insured Person receives treatment for an Injury. Treatment must be provided by a Physician in the Physician's office, clinic, Urgent Care Facility or Hospital emergency room. The first treatment must be received within 72 hours of the Accident.

HD ClearPoint Level 1, 2, 3 – No Outpatient Accident Benefit

HD ClearPoint Level 4 – \$100 per day for up to **1 day per Accident**, maximum of 2 Accidents per Benefit Period.

HD ClearPoint Level 5 – \$100 per day for up to **1 day per Accident**, maximum of 3 Accidents per Benefit Period.

HD ClearPoint Level 6 – \$100 per day for up to **1 day per Accident**, maximum of 3 Accidents per Benefit Period.

WELLNESS BENEFIT

This benefit will pay for each day an Insured Person has any of the following health screenings, examinations or tests performed by or under the supervision of or recommendation of a Physician for the purpose of looking for disease before symptoms occur: Blood test for triglycerides, Bone marrow testing, Breast ultrasound, Cancer Antigen 125 blood test, Cancer Antigen 15-3 blood test, Carcinoembryonic antigen (CEA) blood test, Chest X-ray, Colonoscopy, Fasting blood glucose test, Flexible sigmoidoscopy, Hemocult stool analysis, Immunizations, Mammography, Pap test, Physical examinations, Prostate Specific Antigen (PSA) blood test, Serum cholesterol test to determine HDL/LDL level, Serum Protein Electrophoresis (SPEP) blood test, Stress test on a bicycle or treadmill, Thermography. Health screenings, examinations or tests intended to diagnosis, treat or monitor a Sickness or Injury after symptoms occur are not covered under this benefit. Only one benefit is payable per day, no matter how many health screenings, examinations or tests are performed in a single day.

HD ClearPoint Level 1 – \$100 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

HD ClearPoint Level 2 – \$100 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

HD ClearPoint Level 3 – \$100 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

HD ClearPoint Level 4 – \$150 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

HD ClearPoint Level 5 – \$150 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

HD ClearPoint Level 6 – \$150 per day for up to **1 day for Insured Persons age 1+ / 4 days for Insured Persons under age 1** per Benefit Period.

OUTPATIENT INDEMNITY PRESCRIPTION DRUG INSURANCE BENEFIT - GENERIC ONLY

(DO NOT READ to Members who reside in IL, ME, NC – they will not have access to this benefit.)

Benefits are payable as shown for a covered Generic Prescription Drug. If the Insured Person has the Prescription Drug filled or refilled at a Participating Pharmacy and presents their Prescription Drug card, the benefits are assigned to the Participating Pharmacy, and the Insured Person is required to pay any cost for the Prescription Drug above the benefit shown. The average member responsibility is \$10.00. If the Insured Person has the Prescription Drug filled or refilled at a Non-Participating Pharmacy or does not present their Prescription Drug card, the Insured Person must pay the full cost for the Prescription Drug at the time the Prescription Drug is filled or refilled and file a claim with the insurance company. To view the formulary and locate participating pharmacies, go to **www.bmr-inc.com**.

HD ClearPoint Levels 1-6 – \$1,000 Annual Benefit Maximum

As with all insurance, these policies include exclusions. I will now read those exclusions to you.

Group Fixed Indemnity Limited Benefit Medical Insurance Limitations

Recurrent Confinements. If the Company pays benefits for a period of Confinement, and the Insured Person is readmitted within 30 days of that Confinement for the same condition, the later Confinement will be treated as a continuation of the prior Confinement. If more than 30 days have passed between periods of Confinement for the same condition or the successive Confinement is for an unrelated cause, the Company will treat the later Confinement as a new Confinement.

Pre-Existing Condition. Benefits are not payable for a Pre-Existing Condition until the expiration of 12 consecutive months, beginning with the Insured Person's Effective Date.

"Pre-Existing Condition" means any Injury, Sickness, Mental or Nervous Disorder or Substance Abuse for which medical treatment or advice was rendered or recommended by a Physician within 12 months prior to the Insured Person's Effective Date.

Group Fixed Indemnity Limited Benefit Medical Insurance Exclusions**The Policy does not provide any benefits for the following:**

1. suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. any intentionally self-inflicted Injury or Sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. rest care or rehabilitative care and treatment, except as specifically provided in the Skilled Nursing Facility Confinement benefit;
4. Dependent child Pregnancy, except Complications of Pregnancy;
5. routine newborn care, except as specifically provided for in the Wellness benefit;
6. voluntary abortion, except where Medically Necessary to save the Insured Person's life;
7. Participation in a Riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. any Injury occurring while the Insured Person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Injury took place);
10. treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a Physician and taken according to the prescribed dosage;
11. dental care or treatment, except:
 - a. care or treatment due to an Injury to sound, natural teeth treated within 12 months of the Accident;
 - b. treatment necessary due to congenital defects or birth abnormalities;
 - c. excision of impacted third molars, or
 - d. closed or open reduction of fractures or dislocation of the jaw;
12. sex changes;
13. the reversal of tubal ligation or the reversal of vasectomies;
14. flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. accidental bodily Injury occurring while serving on full-time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by the Company pro rata for any period of active duty);
16. declared or undeclared war or acts thereof;
17. Injury or Sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the Insured Person is entitled to under any Occupational Disease Law or similar law, whether or not application for such benefits have been made;
18. medical care, services or supplies provided outside of the United States of America or its territories;
19. treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the Insured Person's Effective Date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not Medically Necessary; or
23. any Confinement or treatment not specifically covered in the Schedule of Benefits.

(DO NOT READ the following section to Members who reside in IL, ME, NC.)

Group Indemnity Outpatient Prescription Drug Insurance (Generic Only) Limitations

Dispensing Limits and Authorized Refills. Retail Pharmacy: the lesser of a 30-day supply or specified unit doses.

Group Indemnity Outpatient Prescription Drug Insurance (Generic Only) Exclusions**The Policy does not provide any benefits for the following:**

1. all Prescription Drugs not specifically listed in the Formulary;
2. all over-the-counter products and medications;
3. all non-Legend Prescription Drugs;
4. refills in excess of that specified by the prescribing Physician; or refills dispensed after one year from the original date of the prescription;
5. all newly marketed pharmaceuticals or currently marketed pharmaceuticals with a new FDA approved indication for a period of one year from such FDA approval for its intended indication;
6. any drug labeled "Caution - Limited by Federal Law for Investigational Use" or experimental drugs;
7. any drug that the FDA has determined to be contraindicated for the specific treatment;

8. drugs needed due to conditions caused, directly or indirectly, by an Insured Person taking part in a riot or other civil disorder; or the Insured Person taking part in the commission of a felony;
9. drugs needed due to conditions caused, directly or indirectly, by declared or undeclared war or an act of war; or drugs dispensed to an Insured Person while on active duty in any Armed Forces;
10. any expenses related to the administration of any drug;
11. needles or syringes;
12. drugs or medicines taken while in or administered by a hospital or any other health care facility or office;
13. drugs covered under Workers' Compensation, Medicare or other Governmental program;
14. drugs, medicines or products that are not Medically Necessary; or
15. Brand Name Prescription Drugs.

The Group Fixed Indemnity Limited Benefit Medical and Outpatient Prescription Drug Insurance is underwritten by Fidelity Security Life Insurance Company ("FSL"), Kansas City, MO 64111 on Policy Nos. LM-163 / IP-119; Policy Form Nos. M-6013 / M-9121 and issued to Health Depot Association as the group master policyholder. This insurance is not basic insurance or major medical coverage; it is not designed as a substitute for basic health insurance or major medical coverage, nor does it comply with the requirements of the Affordable Care Act (ACA). The Group Fixed Indemnity Limited Benefit Medical Insurance is subject to provisions, benefits, exclusions or limitations of the group policy which may vary by state. This is only a brief description of coverage and is not a contract. For complete details of coverage, please refer to the certificate. FSL does not provide nor is affiliated with the discount programs provided as a part of membership in The Health Depot Association. Coverage becomes effective on the date provided in the membership material. The insurer has the right to increase premium rates and has the option to cancel coverage. The HD ClearPoint Membership is marketed and administered by Premier Health Solutions, LLC. Premier Health Solutions, LLC is the primary administrator of all Health Depot Association membership plans and insurance products. Premier Health Solutions, LLC markets and sells under the name PHSI Insurance Agency, LLC in California and under the name PremierHS, LLC in Kentucky, Ohio, Pennsylvania, South Carolina and Utah.

Your coverage will continue as long as the group policy remains in force, the premiums are paid and you remain a member of the Association. Any dependents covered under the policy will remain covered as long as they remain eligible, the Member's coverage remains in force, and the required premium is paid. All coverage will end on the date any insured person submits a fraudulent claim. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

ASSOCIATION AND VALUE-ADDED BENEFITS (List all of the named benefits. Then ask the prospect which ones they would like to know about and read them the information about those benefits.)

Your **HD ClearPoint** membership also includes the following association benefits. These are not insurance benefits and are not underwritten or provided by Fidelity Security Life Insurance Company.

VALUE-ADDED BENEFITS

- ✓ **First Health Limited Benefit Plan Network** – You have access to more than 5,100 hospitals, 110,000 ancillary facilities and 695,000 professional providers at over 1 million health care service locations. With average savings of 32% to 52% for the most commonly used medical providers/services, members benefit from lower out-of-pocket costs through the First Health Network.
- ✓ **Karis360 Patient Advocacy** – Services include price comparisons for procedures, medications and hospitals, unbiased doctor recommendations, bill review and problem resolution, facilitating communication between doctors, lower-cost drug alternatives and insider information on saving money on healthcare.

HEALTH & WELLNESS (DO NOT read highlighted benefits to residents of OK. They will not receive these benefits.)

- ✓ **Teladoc Telemedicine Program** – Free and unlimited access to a national network of physicians, available 24/7/365, who use telephone and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate.
- ✓ **ScriptSave Prescription Savings Card** – Save on prescriptions at over 62,000 pharmacies across the nation.
- ✓ **MyMedLab** – Save 50% to 80% on the same lab testing ordered by your doctor.
- ✓ **One Call Care** – Save 20% to 50% on MRIs, PET and CT scans when these tests are ordered by a doctor.
- ✓ **Beltone Hearing** – Receive complimentary hearing screenings and a 15% discount off the usual and customary retail price of any Beltone hearing instrument at any of over 1500 locations throughout the United States.

- ✓ **IDLife Nutrition Program** – Receive an individually designed nutrition program to help you achieve the health and wellness you want. The products are scientifically formulated to provide therapeutic doses of specific nutrients.

CONSUMER / LIFESTYLE

- ✓ **My Association Savings Benefits** – Exclusive perks and over \$4,500 in savings on everything from flights, car rentals, hotels, cruises, concert tickets, amusement parks, sports events, to restaurants, grocery shopping, auto service, home improvement and much more!
- ✓ **GlobalFit Gym Network** – Receive discounted gym memberships at more than 10,000 gyms nationwide as well as exclusive member savings on home exercise products, Nutrisystem, exercise videos and health coaching.
- ✓ **GymAmerica** – Online access for personalized meal plans tailored to your needs, interactive tools for keeping you on track with fitness and nutrition goals, smart weekly shopping lists and much more for a special price.
- ✓ **TrueCar Auto Buying Service** – Save time and money for a new or used car at thousands of Certified Dealers.
- ✓ **Massage Envy** – Receive up to 20% off many of the plans and services at Massage Envy.
- ✓ **Car Rental Discounts** – Take advantage of affordable auto rental rates from Avis[®], Budget[®] & Dollar[®] Rent A Car.
- ✓ **Moving Discounts** – Discounts on moving and relocation services.

BUSINESS SOLUTIONS – Business AdvantEdge Program, which includes the benefits below, as well as many others:

- ✓ **UPS & FedEx Shipping-National and Worldwide** – Discounts on delivery services for a variety of shipping options.
- ✓ **Hewlett-Packard Computer and Technology Products** – Affordable pricing on business and home office products.
- ✓ **ADP Payroll Processing** – Save 25% on processing costs, plus a free month of payroll processing and no setup fee.
- ✓ **Office Depot/Max** – Save 15% off hundreds of brand name office supplies and 60% off printing.
- ✓ **NAC Web Services** – Discounts on development and maintenance of creative and intuitive custom-built websites as well as web hosting.
- ✓ **Penny Wise Office Supplies** – Guaranteed lowest prices on over 20,000 office products and additional savings for online orders and fast, free shipping nationwide.
- ✓ **Sprint Wireless Services** – New business subscribers can have unlimited freedom, better choice of plans and up to \$250 in service credits.

Would you like more detailed information about any of the benefits and services I just mentioned? (If the prospect answers yes and identifies which ones they want more information about, provide the information listed next to the benefit.)

ENROLLMENT

Mr. /Mrs. _____, the **HD ClearPoint membership** we are recommending to you is competitively priced and will help provide savings for you and your family through its everyday consumer, business, health and wellness discounts and services. And it will help protect you and your family if the unexpected occurs.

The monthly membership rates per plan level are:

HD ClearPoint Monthly Membership Rates						
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Member	\$139	\$175	\$189	\$225	\$249	\$299
Member + Spouse	\$205	\$269	\$299	\$359	\$409	\$499
Member + Child(ren)	\$179	\$229	\$255	\$305	\$339	\$419
Member + Family	\$249	\$329	\$369	\$445	\$509	\$609

Which plan level would best meet your needs and budget today? _____

Our process to get your membership and benefits started as soon as possible is to take your application today.

Advisor must read the total rate for the membership, and then disclose the insurance cost separately:

This includes your first month's payment of \$_____ which includes your insurance premium of \$ ____; **plus a one-time \$99 non-refundable membership enrollment fee.** The whole process is done quickly right over the phone.

What address would you like your Association Membership ID Card sent to? What is your email address?

Finally, we have membership effective dates of the 1st of the month through the 28th of the month. This allows you to take advantage of your membership benefits and services as quickly as possible. Once your payment clears, we require 10 days to activate all the features and benefits in your Health Depot membership. So, you will be eligible on the next available effective date.

What form of payment would you like to use? We accept Credit/Debit cards and ACH Bank Draft. **(Please note:** Premier Health Solutions provides the benefits administration and management services for the Health Depot Association. As such, you will see "**Premier Health Solutions**" on your billing.)

Credit/Debit cards: Please provide the card type: Visa/MC/Amex/Discover, CC#_____, Exp date_____ and CVV code_____. Is the billing information the same as the member info? If no, we will need to speak to the account holder to obtain his/her consent as well as first, last name, and address.

ACH Bank Draft: Please provide the bank routing number_____, account#_____, account type: checking/savings, and bank name_____. Is the billing information the same as the member info? If no, we will need to speak to the account holder to obtain his/her consent as well as first and last name.

Your Monthly recurring membership dues billing occurs on the same day each month of the original effective date of your membership. We will process your application today and you should receive your Association membership ID card as soon as your funds are collected, normally within 7-10 business days. You will also receive a welcome email with instructions for how to log in to our member portal. On the portal, you will find temporary Health Depot Association ID cards, your insurance document(s), member guides, which include detailed descriptions of your benefits, and links for all of your association benefits. If you do not have access to the internet, you can call Member Services at (855) 351-7535 to request a copy of your membership guide and insurance certificate to be sent by fax or mail.

Please note that you have 30 days from your effective date to review your membership and insurance benefits. If you are not fully satisfied, you may return it for a full refund of all membership dues and insurance premium as long as you have not incurred any claims under the insurance plan. **The membership enrollment fee of \$99 is non-refundable.** (Please have them confirm this by saying "yes".)