

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. I am the licensed agent assigned to your file. 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. Would you be interested in hearing more? **[Yes/No]**

If No: Thank you for your time today and interest in the Health Depot Association. Would there be a better time to follow up with you to discuss membership benefits? **[If Yes, note time.]**

If Yes, continue: For your information, Health Depot Association offers several membership options including basic memberships that focus on everyday consumer, business, health and wellness discounts and services to expanded memberships that also include a variety of insurance benefits for members who are looking for additional coverage to supplement other coverage they may have or just to help with the everyday expenses.

I am calling today to talk about our **HD CareGuard and CareGuard Max membership**. The HD CareGuard and CareGuard Max membership includes a selection of everyday consumer, business, and health discounts and services, as well as Hospital Indemnity, Accident Medical Expense (AME) and Accidental Death & Dismemberment (AD&D) insurance benefits underwritten by Guarantee Trust Life Insurance Company (GTL), Glenview, IL. The CareGuard Max membership also includes Term Life Insurance underwritten by Amalgamated Life Insurance Company (Amalgamated Life).

The **GTL Group Accident Only Insurance Policy, on Policy Form Series MP-1400/GC-1400 or MP-1300/GC-1300, and provided through the HD CareGuard & CareGuard Max membership, is not intended to replace any major medical, COBRA, Medicare, Medicaid, Medical Disability you may have.** This product and its features are subject to state availability and may vary by state. Certain exclusions and limitations may apply. For complete details of coverage, you can contact us or review your certificate once you receive it.

HERE IS A SUMMARY OF MEMBERSHIP FEATURES AND BENEFITS:

GROUP ACCIDENT ONLY INSURANCE BENEFITS

HOSPITAL CASH BENEFIT

You will receive a daily benefit for each day you are confined to a hospital due to an Injury caused by a Covered Accident, up to a maximum of thirty (30) days per Hospital Confinement per Covered Accident.

CareGuard & CareGuard Max Level 1: \$500 per Day per Covered Accident per Insured

CareGuard & CareGuard Max Level 2: \$1,000 per Day per Covered Accident per Insured

ACCIDENT MEDICAL EXPENSE BENEFIT

You will receive a cash benefit for excess medical charges due to an accident for a covered injury. Covered services include Doctor Visits, Prescription Drugs, Doctor Fees for Surgery, Anesthesia Services and more (Please reference the certificate schedule of benefits for a complete list of the covered charges). There is a \$250 deductible per occurrence. (Group Accident Medical Expense Benefit does not pay for reinjury or complications of an injury caused or contributed to by a condition that existed before the Accident.)

CareGuard & CareGuard Max Level 1: up to \$2,500 per Covered Accident per Insured

CareGuard & CareGuard Max Level 2: up to \$5,000 per Covered Accident per Insured

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

The benefit pays a lump sum benefit amount per Covered Person for the member's death or loss of certain body parts in a covered accident. Benefits are provided as shown in the Schedule of Benefits and will pay you or your beneficiary up to the benefit amount listed. (Please reference the certificate schedule for specific dismemberment benefit amounts.)

CareGuard & CareGuard Max Level 1: \$20,000 per Covered Accident per Insured

CareGuard & CareGuard Max Level 2: \$25,000 per Covered Accident per Insured

TERM LIFE FOR MAX MEMBERSHIPS ONLY (Amalgamated Life)

TERM LIFE BENEFIT

The Primary Member will receive the following amount of term life coverage, based on the membership level they choose. **Spouse and Child coverage is not available.** Coverage is subject to a 30-day waiting period. No benefit will be paid during the first 30 days of coverage.

CareGuard Max Level 1: \$10,000

CareGuard Max Level 2: \$15,000

ASSOCIATION BENEFITS

(Go over 2-3 that will most appeal to the prospect, just list the rest.)

Your HD CareGuard & CareGuard Max membership also includes the following association benefits:

- ✓ **ScriptSave Prescription Savings Card** – Members and their dependents can save on prescription medications at over 62,000 participating pharmacies across the nation.
- ✓ **AirMed** - At home or abroad, the entire suite of AirMed lifesaving air medical transport benefits are available to Health Depot members and their dependents 24/7/365 without deductibles, claim forms or out-of-pocket expenses.
- ✓ **IDLife Nutritional Program** – Members can receive an individually designed nutrition program to help you achieve the health and wellness you've always wanted. IDLife products are scientifically formulated to help you by providing therapeutic doses of specific nutrients
- ✓ **MyMedLab** – Members can save 50% to 80% on the same lab testing ordered by your doctor.
- ✓ **One Call Care** – Members can 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.

ENROLLMENT

Mr. /Mrs. _____ The HD CareGuard / CareGuard Max membership we are recommending to you is economical and will provide savings for you and your family with the everyday health and wellness discounts and services, as well as help to cover the gaps in your medical plan.

Will the membership be for you and your family or just yourself? **[Get personal information for each person. If the dependent is the member's child, make sure the child is younger than 26 years of age. Spouse includes Common Law Marriage Partner, Domestic Partner, or Civil Union Partner if legally recognized in the governing jurisdiction.]**

Monthly membership rates per plan level are:

CareGuard Monthly Membership Rates		
	Level 1	Level 2
Member	\$77	\$99
Member + Spouse	\$125	\$168
Member + Child(ren)	\$109	\$137
Member + Family	\$169	\$232

CareGuard Max Monthly Membership Rates		
	Max Level 1	Max Level 2
Member	\$92	\$119
Member + Spouse	\$140	\$188
Member + Child(ren)	\$124	\$157
Member + Family	\$184	\$252

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. This includes your first month's payment [and a one-time \$25 non-refundable enrollment processing fee. **Do not read this portion if you are adding CareGuard or CareGuard Max to an existing HD membership. In that case, the enrollment fee is waived.**]

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. What would you like your effective date to be? ____/____/____

What form of payment would you like to use? We accept Credit/Debit cards and ACH Bank Draft.

[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.

Do we have your permission to debit your credit card/debit card or draft your bank account today (today's date) for your initial payment of \$_____? **Yes/No**

As I stated earlier, following this initial payment your monthly cost will be \$_____. 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 will receive a welcome email within 24 hours. The email will include instructions on how to login to our online portal, where you will find your Benefits guide, including a detailed description of your membership benefits, and temporary Health Depot Association ID cards. If you do not have access to the internet, you can call Member Services at (855) 351-7535 to obtain a copy of your ID Card and guides. Our friendly Customer Service Representatives are also available to answer any questions about your benefits.

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