

Mr./Mrs./Ms. _____. My name is _____ this conversation will be recorded for compliance purposes, and will also serve as a permanent verification record of your membership application for the Health Depot Association ("HD") CareGuard membership plan. Is it okay for me to record this? **[Member must reply "yes." If member says, "no," read the following: "I'm sorry, Mr. /Ms. _____, our conversation must be recorded in order for us to proceed. May I go ahead and record the remainder of conversation?" If Still No: "Unfortunately we will not be able to process your enrollment today. If "yes", proceed.]**

1. Today is _____ (today's date) and the time is: _____. **Yes/No**
2. Please state your full name, mailing address, phone number and email address for the verification. **(Wait for response)**
3. Please state your date of birth for the verification. **(Wait for response)**
4. Please confirm that you are also enrolling the following dependents on your membership application: **(Verify each dependent's name and date of birth, starting with the spouse, and then each child. Verify that each child is under the age of 26)** Is that correct? **Yes/No**

5. By enrolling today, **MM/DD/YYYY**, you agree and affirm you are enrolling for the sole purpose the plans are intended for and further affirm you were contacted because you provided your contact information for this very purpose.

You further affirm you are not enrolling for someone else, another entity - or on your own behalf, for the purpose of, in whole or in part, of making threats or demands for money by alleging violations of the Telephone Consumer Protection Act and/or Federal Trade Commission DO NOT CALL registry or regulations. You expressly indemnify all parties involved in enrolling in these product(s) from any alleged violations, or threats of litigation, as it relates to the Telephone Consumer Protection Act or Federal Trade Commission do not call registry related violations. Please confirm by stating "I agree" **[Wait for response, must agree to complete the enrollment]**

6. You understand that you've selected a membership with Health Depot that includes Group Accident Only insurance **[CONTINUE READING IF ENROLLED IN A MAX MEMBERSHIP: as well as a Term Life insurance benefit for the Primary Member?]** **Yes/No**
7. You understand that the Accident Medical Expense Insurance does not cover pre-existing conditions? **Yes/No**
8. You understand that the Group Accident Only Insurance **does not** provide Major Medical or Comprehensive Medical Insurance, Cobra, Medicare, Medicaid or Medical Disability Coverage and is neither minimum essential coverage under federal law nor a policy of Worker's Compensation Insurance under state law, and may result in an additional payment with your taxes? **Yes/No**
9. You understand that this membership will not pay benefits for services provided by any state or federal government agency, including the Veteran's Administration unless by law, and that you must pay for such services? **Yes/No**
10. **[READ ONLY FOR MEMBERS ENROLLED IN A MAX MEMBERSHIP]:** You understand that that there is a 30-day waiting period for the Term Life Insurance and no benefit will be paid for a claim that occurs during the first 30 days of coverage? **Yes/No**

11. Please confirm your beneficiary is **(beneficiary name)**. **Yes/No**

[or]

Who would you like to name as your beneficiary? **(Add beneficiary name)** _____

12. You understand that your Health Depot Association membership also includes non-insurance health care discounts and services such as ScriptSave Rx, AirMed and other health care benefits? **Yes/No**
13. **[DO NOT READ TO RESIDENTS OF OKLAHOMA]:** You understand that the discount medical benefits are not health insurance policies and are not available in all areas. They provide discounts at certain health care providers for medical services and do not make payments directly to the providers of medical services. The member is obligated to pay for all health care services but will receive a discount from those health care providers. **Yes/No**
14. You agree that your effective date is _____? **Yes/No**
15. Your initial payment today is \$_____, which represents your first month's membership dues plus a one-time Health Depot Association membership processing fee of \$99, which is nonrefundable. Thereafter, your monthly dues will be \$_____ which will be automatically charged or drafted on the _____ of every month from your credit card/debit card/bank account provided to us today. Do you agree? **Yes/No** **(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.)**
16. You are the holder of the credit card/debit card or bank account? **Yes/No**
- If [No]:** Please place the account holder on the phone to verify the account information.
- [or]**
- If [No]:** Please have the account holder call us back with the account information to complete the verification process.
- If [Yes]:** Continue the conversation.
17. **If [Credit/Debit Card]:** The card you provided to me was a **(Visa, MC, Discover, AMEX)** and that card number is _____, expiration is _____ and the CVV code is _____. **Yes/No**
- [or]**
- If [ACH]:** The routing number you provided is _____ and the account _____. **Yes/No**
18. 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**
19. You agree that you are signing up for benefits or services that include an automatic payment plan. You (Accountholder) expressly authorize and request the Premier Health Solutions, LLC. to automatically debit your bank account or credit card on the payment due date provided to collect any and all fees for your plan(s). You acknowledge and agree upon the plan effective date and payment amount. You also acknowledge and agree that your monthly premiums will be automatically charged or drafted every month from the credit card, debit card or bank account you provided. Further, you attest that you are the holder of the credit card, debit card or bank account provided. You (Accountholder) agree that the electronic payment authorization for such automatic payments may be terminated by providing written notice to the Premier Health Solutions, LLC. **Yes/No**
20. If you are not satisfied with your membership, you may cancel **within 30 days from your effective date** and receive a full refund on your monthly membership dues. **[The one-time enrollment processing fee is non-refundable except where required by law.]** Do you understand and agree? **Yes/No**
21. If you submit a claim under any of the insurance benefits included with your membership, you will be deemed to have accepted the membership and you will not be eligible for any refund. All cancellations must be directed to Member Services at (855) 351-7535. Do you understand and agree? **Yes/No**

22. If at any time after using the program, you are not satisfied with the program, you may cancel your membership and your benefits will be terminated at the end of the billing cycle for which you were billed, and you will not be billed any further. Also, if you cancel your membership or we cannot collect the payment on the billing date, your membership and benefits would be also terminated. Do you understand and agree? **Yes/No**
23. You understand that it is your responsibility to review the schedule of benefits in your fulfillment materials once you receive them and if you have any questions or are confused about any benefits, please contact us so we can help you. **Yes/No**
24. You understand that if there is any discrepancy between what you thought the Agent told you about the plan and what the actual Insurance Policies state, the policy terms apply? **Yes/No**
25. Now for your protection, please confirm your understanding and agreement to the terms and conditions of your Health Depot membership by saying **YES**.

OK, that's it! You will receive an email within the next 24 hours that will include a link to the member portal. You'll use your username and password from your account creation email to log in to your account. When you log in to the web portal, you'll be able to review, print and download all of your important documents, including your insurance certificates. You'll also be able to print a temporary ID card to use until you receive your official ID card in the mail, in approximately 7-10 business days. If you have any questions or need any assistance, please call (855) 351-7535.

By enrolling in this Health Depot Association (HD) Membership Plan you are agreeing to receive your membership materials (including instruction guides and certificates) electronically via our secure online Member Portal. You are also agreeing to receive important notifications regarding your membership via email. If you have any questions or need any assistance, please call (855) 351-7535.

Please Note: Premier Health Solutions, LLC is the administrator of all Health Depot membership plans and 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.

This will conclude the verification. Thank you for your time and welcome to the Health Depot Association.