

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 and I am here to assist you as your Health & Wellness Advisor. To serve you better, we have just a few questions so we can recommend the best membership for you:

- **Ask this question to residents of DC and NV:** Do you and all other individuals to be covered under this policy have other health coverage that is minimum essential coverage within the meaning of Section 5000A(f) of the Internal Revenue Code and which is required under the Affordable Care Act? **(If the answer is NO, they cannot enroll in Essential Protection. Please suggest a different Health Depot membership.)**
- How much is your monthly payment?
- Will the plan be for you and your family or just yourself?

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 Essential Protection membership**. The HD Essential Protection membership plans include a selection of everyday consumer, business, health and wellness discounts and services, as well as Accident and Sickness Limited Benefit Cash Insurance, Excess Accident Medical Expense and Accidental Death & Dismemberment insurance benefits underwritten by Federal Insurance Company, a Chubb company. There are 6 plan levels to choose from, so you’re sure to find a plan level that fits your needs and budget. All of the Health Depot memberships can be reviewed by you on our website: www.HealthDepotAssociation.com.

The insurance included in the **HD Essential Protection membership** is a SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Here is a summary of membership features and benefits. Again, please remember, you can go to the Health Depot Association website and see all of the membership options available to you in the various HD memberships:

HOSPITAL ADMISSION INDEMNITY BENEFIT

This benefit will pay if you are Admitted and then Confined to a Hospital due to an Accident or Sickness. There is a maximum of one (1) Admission benefit per Plan Year.

Essential Protection Level 1, 2 – No Admission Benefit

Essential Protection Level 3 – \$250

Essential Protection Level 4 – \$500

Essential Protection Level 5 – \$750

Essential Protection Level 6 – \$1,000

IN-HOSPITAL INDEMNITY BENEFIT

This benefit will pay if you are Confined to a Hospital due to an Accident or Sickness.

Essential Protection Level 1 – \$100 per day for up to **6 days per Confinement**, maximum of \$1,200 per Plan Year.

Essential Protection Level 2 – \$200 per day for up to **10 days per Confinement**, maximum of \$4,000 per Plan Year.

Essential Protection Level 3 – \$250 per day for up to **5 days per Confinement**, maximum of \$2,500 per Plan Year.

Essential Protection Level 4 – \$500 per day for up to **5 days per Confinement**, maximum of \$5,000 per Plan Year.

Essential Protection Level 5 – \$750 per day for up to **5 days per Confinement**, maximum of \$7,500 per Plan Year.

Essential Protection Level 6 – \$1,000 per day for up to **5 days per Confinement**, maximum of \$10,000 per Plan Year.

There is a 1 day elimination period before you are eligible for benefits. If you are Confined in a Hospital after the Elimination Period, the daily Benefit Amount will be paid retroactively to the first day of Confinement.

RECUPERATION INDEMNITY BENEFIT

This benefit will pay after the Covered Person has been discharged from the Hospital if (a) a sickness or accident caused the hospitalization, and (b) the covered person received a benefit for in-Hospital Indemnity. This benefit pays for the same number of days for which the in-Hospital benefit is paid, and is payable in a lump sum after discharge from the hospital, with a Plan Year maximum of \$1,000 per Insured. If the Covered Person dies while in-hospital, no benefit is payable.

Essential Protection Level 1, 2 – No Recuperation Benefit

Essential Protection Level 3, 4, 5, 6 – \$100 per day

INTENSIVE CARE UNIT (ICU) INDEMNITY BENEFIT

This benefit will pay for each day you are Confined to an Intensive Care Unit (ICU) due to an Accident or Sickness:

Essential Protection Level 1, 2 – No Intensive Care Unit Benefit

Essential Protection Level 3 – \$250 per day for up to **5 days per Confinement**, maximum of \$2,500 per Plan Year.

Essential Protection Level 4 – \$500 per day for up to **5 days per Confinement**, maximum of \$5,000 per Plan Year.

Essential Protection Level 5 – \$750 per day for up to **5 days per Confinement**, maximum of \$7,500 per Plan Year.

Essential Protection Level 6 – \$1,000 per day for up to **5 days per Confinement**, maximum of \$10,000 per Plan Year.

There is a 1 day elimination period before you are eligible for benefits. If you are Confined in an Intensive Care Unit after the Elimination Period, the daily Benefit Amount will be paid retroactively to the first day of Confinement.

IN-HOSPITAL SURGICAL INDEMNITY BENEFIT

This benefit will pay if you have a Major or Minor Surgical Procedure performed while In-Hospital. A surgical procedure due to Accident must occur within thirty (30) days of the Accident, causing an Injury.

Essential Protection Level 1, 2 – No Surgical Benefit

Essential Protection Level 3 – \$250, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 4 – \$500, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 5 – \$750, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 6 – \$1,000, maximum of **1 In-Hospital Procedure** per Plan Year.

IN-HOSPITAL ANESTHESIOLOGIST INDEMNITY BENEFIT

This benefit will pay for the administration of anesthesia related to a covered Major or Minor Surgical Procedure performed while In-Hospital, if the Surgical Indemnity Benefit is payable.

Essential Protection Level 1, 2 – No Anesthesiologist Benefit

Essential Protection Level 3 – \$62.50, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 4 – \$125, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 5 – \$187.50, maximum of **1 In-Hospital Procedure** per Plan Year.

Essential Protection Level 6 – \$250, maximum of **1 In-Hospital Procedure** per Plan Year.

EMERGENCY ROOM INDEMNITY BENEFIT

This benefit will pay if an Accident or Sickness causes you to require and receive Emergency Medical Care in an Emergency Room of a Hospital:

Essential Protection Level 1, 2 – \$50, maximum of **1 ER Visit** per Plan Year.

Essential Protection Level 3, 4, 5, 6 – \$250, maximum of **2 ER Visits** per Plan Year.

GROUND AMBULANCE TRANSPORTATION INDEMNITY BENEFIT

This benefit will pay if a Covered Person requires the use of an ambulance service by ground for transportation to or from a Hospital or from one Hospital to another Hospital for care and treatment of a Covered Accident or Sickness.

Essential Protection Level 1, 2 – No Ground Ambulance Transportation Benefit

Essential Protection Level 3, 4, 5, 6 – \$250, maximum of **1 Trip** per Plan Year.

OUTPATIENT PHYSICIAN OFFICE VISIT INDEMNITY BENEFIT

This benefit will pay if you receive care at a Physician's office or clinic due to an Accident or Sickness. The visit must occur within thirty (30) days of the Accident, causing an injury. This benefit is not payable for routine eye exams, dental exams (unless the result of an accident), or annual physical exams.

Essential Protection Level 1, 3, 4: \$50 per visit with a maximum of **3 visits** per Plan Year.

Essential Protection Level 2: \$50 per visit with a maximum of **5 visits** per Plan Year.

Essential Protection Level 5, 6: \$60 per visit with a maximum of **3 visits** per Plan Year.

OUTPATIENT SURGICAL INDEMNITY BENEFIT

This benefit will pay if you have a Major or Minor Surgical Procedure performed on an outpatient basis in an Outpatient Unit. A surgical procedure due to Accident must occur within thirty (30) days of the Accident, causing an Injury.

Essential Protection Level 1, 2 – No Surgical Benefit

Essential Protection Level 3 – \$250, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 4 – \$500, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 5 – \$750, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 6 – \$1,000, maximum of **1 Outpatient Procedure** per Plan Year.

OUTPATIENT ANESTHESIOLOGIST INDEMNITY BENEFIT

This benefit will pay for the administration of anesthesia related to a covered Major or Minor Surgical Procedure performed on an outpatient basis in an Outpatient Unit, if the Surgical Indemnity Benefit is payable.

Essential Protection Level 1, 2 – No Anesthesiologist Benefit

Essential Protection Level 3 – \$62.50, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 4 – \$125, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 5 – \$187.50, maximum of **1 Outpatient Procedure** per Plan Year.

Essential Protection Level 6 – \$250, maximum of **1 Outpatient Procedure** per Plan Year.

EXCESS ACCIDENT MEDICAL EXPENSE (AME) BENEFIT

This benefit will reimburse for excess medical expenses if an accidental bodily injury causes you to incur medical expenses within 90 days of an accident.

Essential Protection Level 1 – No Accident Medical Expense (AME) Benefit

Essential Protection Level 2 – reimburses up to \$1,000. A \$200 deductible per accident, per insured applies.

Essential Protection Level 3-6 – reimburses up to \$2,000. A \$200 deductible per accident, per insured applies.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

This benefit will pay a benefit amount for Accidental Loss of Life or a Dismemberment due to a Covered Accident.

Essential Protection Level 1 – No Accidental Death & Dismemberment (AD&D) Benefit

Essential Protection Level 2-6 – the maximum benefit of **\$10,000** is payable for a covered accidental loss of life.

* Dismemberment is paid at a percentage of the loss of life amount. Please reference the AD&D schedule on the Health Depot website for specific dismemberment benefit amounts.

There is an Optional Accidental Death & Dismemberment Membership you can purchase as an Add-On to your Essential Protection membership. There are 4 benefit amounts you might be interested in:

OPTIONAL ADD-ON ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

This benefit will pay an additional benefit amount for Accidental Loss of Life or a Dismemberment due to a Covered Accident.

Essential Protection 50 – the maximum benefit of **\$50,000** is payable for a covered accidental loss of life.

Essential Protection 100 – the maximum benefit of **\$100,000** is payable for a covered accidental loss of life.

Essential Protection 250 – the maximum benefit of **\$250,000** is payable for a covered accidental loss of life.

Essential Protection 300 – the maximum benefit of **\$300,000** is payable for a covered accidental loss of life.

* Dismemberment is paid at a percentage of the loss of life amount. Please reference the AD&D schedule on the Health Depot website for specific dismemberment benefit amounts. See the Essential Protection 50-100-250-300 Agent guide for more details.

As with all insurance, these policies include exclusions. Would you like me to read those exclusions to you now or would you just like to read them when you receive your insurance documents? (If the insured wants the exclusions read, the telemarketer must read the following paragraphs.)

The following exclusions apply to the Accident and Sickness Limited Benefit Cash policy.

This insurance does not apply to any loss that is caused by or resulting from, directly or indirectly:

1. any Accident caused by or resulting from, directly or indirectly, the Covered Person entering, flying or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
2. Cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Accident if initial treatment of the Covered Person is begun within twelve (12) months of the date of the Accident or to treat congenital defects in covered newborns.
3. any service, supply or care that is Experimental or Investigational.
4. any Accident caused by or resulting from, directly or indirectly, a Covered Person's participation in scuba diving to depths of more than 130 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.
5. any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.
6. immunization shots and routine examinations including: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy.
7. any Accident or Sickness caused by or resulting from, directly or indirectly any occurrence while the Covered Person is incarcerated.
8. sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.
9. any Accident caused by or resulting from, directly or indirectly, the Covered Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs. This exclusion does not apply to residents of NV.
10. alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
11. any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
12. any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy. There is a 6 months Pre-Existing Condition in FL, KY and NV.
13. Pregnancy, except a Complications of Pregnancy. This exclusion does not apply to residents of MT.
14. pregnancy of a Dependent Child, unless required by law.
15. any Accident caused by or resulting from, directly or indirectly, the Covered Person participating in any professional sporting activity for which the Covered Person received a salary or prize money.
16. any rest care or custodial care or treatment for any Accident or Sickness.
17. any Accident caused by or resulting from, directly or indirectly, the Covered Person being engaged in or participating in a motorized vehicular race or speed contest.
18. any Accident caused by or resulting from, directly or indirectly, the Covered Person traveling or flying on any rocket propelled or rocket launched conveyance.
19. any Accident or Sickness caused by or resulting from, directly or indirectly, the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.
20. related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
21. voluntary abortion, except with respect to the Insured Person or his or her covered Spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.
22. any Accident or Sickness caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
23. routine newborn well baby care, including routine nursery charges.
24. Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

The following exclusions apply to the Voluntary Accident policy.

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any Accident, Accidental Bodily Injury or Loss caused by or resulting from any of the following:

1. an Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. (This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.)
2. an Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions or medical or surgical treatment thereof. (This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or by Accidental consumption of a substance contaminated by bacteria.)

3. an Insured Person's commission or attempted commission of any illegal act, including but not limited to any felony.
4. any occurrence while an Insured Person is incarcerated after conviction.
5. an Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
6. an Insured Person being under the influence of any narcotic or other controlled substance at the time of an Accident. (This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.)
7. an Insured Person being engaged in or participating in a motorized vehicular race or speed contest.
8. an Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. (This exclusion does not apply to the first 60 consecutive days of active military service with the armed forces of any country or established international authority.)
9. an Insured Person's suicide, attempted suicide or intentionally self-inflicted injury.
10. a declared or undeclared War.

ASSOCIATION AND VALUE-ADDED BENEFITS (List all of the benefits, then ask the prospect which ones they would like more detailed information about and read the more detailed information about those benefits to the prospect.)

Your **HD Essential Protection** membership also includes the following association benefits:

VALUE-ADDED BENEFITS

- ✓ **MultiPlan Limited Benefit Plan Network** – You have access to nearly 4,400 hospitals, 79,000 ancillary care facilities and more than 700,000 healthcare professionals nationwide who have agreed to significant discounts on their medical services, reducing your out-of-pocket costs and you can choose ANY doctor within the MultiPlan Limited Benefit Plan Network without needing a referral.
- ✓ **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 Florida. 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.
- ✓ **Cigna Discount Dental** – Members and your dependents can save 15% to 50% on dental care through Cigna's national dental network of 110,000+ participating general dentists & specialists.
- ✓ **EyeMed Vision Savings Network** – Members receive discounts on exams and eyewear such as lenses, frames, contact lenses & more at over 65,000 vision providers throughout the country
- ✓ **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.
- ✓ **Diabetic Supplies Savings** – Save 40% to 60% on diabetic testing supplies shipped monthly to your door.
- ✓ **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

- ✓ **Retail Benefits** – You can earn up to 40% cash back at more than 5,000 leading online merchants and save even more with coupons that can be used instantly in-store.
- ✓ **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.
- ✓ **Office Depot/Max** – Save 15% off hundreds of brand name office supplies and 60% off printing.
- ✓ **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.
- ✓ **1-800-flowers** – Save 15% when you order flowers and gifts from 1800flowers.com, either online or by phone.
- ✓ **Moving Discounts** – Discounts on moving and relocation services.
- ✓ **Magazine Discounts** – Save up to 85% off regular subscription rates on popular titles.

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.
- ✓ **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.

Additional Consumer benefits included in the Optional Add-on Accidental Death & Dismemberment Membership are:

- ✓ **CLC Legal Assistance** – Through the CLC Legal Assistance program, our members have access to free initial legal consultations and discounted services to address many common legal concerns. Members also receive simple will preparation and access to online legal resources at no additional cost.
- ✓ **CLC Financial Counseling** – Members and their families receive financial counseling services to provide education, guidance and counseling and assists members in determining the most appropriate way to handle your financial situation. Services include tax preparation, budgeting, debt counseling, wage garnishment resolution, pre-retirement analysis, home buying strategies, college funding and more.
- ✓ **ID Resolution** – ID Resolution offers free assistance to members who have had their personal information fraudulently used by identity thieves. Experienced fraud resolution specialists can help resolve financial, criminal and medical identity theft.

Would you like more detailed information about any of the benefits and services I just mentioned?

ENROLLMENT

Mr. /Mrs. _____ The HD Essential Protection membership we are recommending to you is competitively priced and will help provide savings for you and your family with the everyday consumer, business, health and wellness discounts and services, as well as help protect you and your family if the unexpected occurs.

Monthly membership rates per plan level are:

Essential Protection Monthly Membership Rates						
	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Member	\$124	\$154	\$189	\$214	\$244	\$269
Member + 1	\$139	\$195	\$249	\$289	\$329	\$355
Member + Family	\$169	\$249	\$295	\$339	\$389	\$419

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

The HD Essential Protection 50-100-250-300 membership provides affordable accident coverage that you can easily add-on to your Essential Protection membership. Monthly membership rates per plan level are:

Essential Protection 50-100-250-300 – Add-On AD&D Membership Rates				
	\$50,000	\$100,000	\$250,000	\$300,000
Member	\$19	\$25	\$34	\$39
Member + 1	\$25	\$30	\$45	\$54
Member + Family	\$29	\$35	\$54	\$62

Which AD&D plan level would you like to add on to your Essential Protection membership? _____

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 of _____ and a one-time \$99 non-refundable processing 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 HD 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.

For **[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.

For **[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 login to our member portal. On the portal, you will find your membership guide, including a detailed description of your benefits, temporary Health Depot Association ID card and member service at 800# attended by Licensed Agents who are available to answer any questions about your benefits. If you do not have access to the internet, you can call Member Service at (855) 351-7535 to obtain a copy of your Association membership ID Card and the membership guide which includes a detailed description of 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 plan. The membership processing fee of \$ _____ is non-refundable. (Please have them confirm this by saying "yes".)