

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. You were transferred to me to verify the information that you provided to our enrollment representative, _____, regarding your application for the Health Depot Association membership plan.

1. Today is _____ (today's date) and the time is: _____.
2. I am speaking to (Repeat name, address, phone number and email address)? Yes/No
3. Have you/your family maintained a primary residence in the U.S. for the past 12 months or longer? Yes/No
4. Your date of birth is _____? Yes/No
5. You are also enrolling the following dependents on your plan: _____
(Then verify each dependent and their names). Is this correct? Yes/No
6. You do agree that your effective date is _____? Yes/No
7. Your initial payment today is \$_____, which represents your first month's membership dues plus a onetime Health Depot Association membership processing fee of \$_____ which is nonrefundable, thereafter, your monthly dues will be \$_____ which will be automatically charged or drafted on the ____ of every month from your debit your credit card/debit card/bank 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.)**
8. You are the holder of the credit card/debit card or bank account? Yes/No
9. 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; however, your one time enrollment fee is non-refundable.** Do you understand and agree? Yes/No **(DO NOT READ the highlighted text if the member resides in Arkansas, Indiana or South Carolina. The enrollment fee is refundable in those states).**
10. 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
11. You understand that your Health Depot Association membership also includes a National Dental Network, Dental Mobile Apps, a MES Vision Plan, ScriptSave Prescription Savings Card and access to IDLife Nutritional Products? Yes/No
12. 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

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. You'll also be able to print temporary ID cards to use until you receive your official ID cards 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 ID cards) via email in addition to important notifications regarding your membership. This will conclude the verification. Thank you for your time and welcome to the Health Depot Association.