

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. Are you currently on Medicare, Medicaid, Medical Disability or any other Federal or state funded program? Yes/No
6. You are also enrolling the following dependents on your plan: _____
(Then verify each dependent and their names). Is this correct? Yes/No
7. You do agree that your effective date is _____? Yes/No
8. 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.)**
9. You are the holder of the credit card/debit card or bank account? Yes/No
10. 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, South Carolina or Tennessee. The enrollment fee is refundable in those states).**
11. If you submit a claim under any of the insurance plans 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
12. You understand that your Health Depot Association membership also includes many consumer and business discounts and services such as Retail Benefits, TrueCar Auto Buying Service, GlobalFit Network, office supplies, UPS Shipping and HP computer and technology equipment, and health and wellness benefits such as PHCS, a national PPO network which gives you access to pre-negotiated rates; Teladoc Telemedicine, Karis360 Patient Advocacy Services, and many other health care, consumer and business benefits? Yes/No

DO NOT read the DMPO disclaimer to residents of Florida, Oklahoma and Utah:

The Discount Medical Plans are provided by Alliance Health Card of Florida, a discount medical plan organization. The features are not health insurance policies and are not available in all areas. The features 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 who have contracted with Alliance Health Card of Florida, Inc. P.O. Box 630858, Irving, TX 75063.

13. The membership you have selected includes a \$10,000 Term Life insurance policy. You understand that the Term Life benefits have a 60 day waiting period and **you are NOT eligible for any Term Life** benefits during the first 60 days of coverage? Yes/No
14. The Term Life insurance policy is not available in the following six states: Alaska, Colorado, Maine, Montana, New York and Oregon. You understand that if you move to one of those states, the Term Life insurance portion of your membership will terminate? Yes/No
15. You are not eligible for Term Life insurance if, on the day insurance is to begin, you are: Totally Disabled; Confined in a Hospital as an inpatient; Confined in any institution or facility other than a Hospital; or Confined at home and under the care or supervision of a Physician. You understand the Term Life insurance will not take effect until the first day of the month following the day after you are no longer confined? Yes/No
16. If you are unable to perform two or more Activities of Daily Living (ADLs) on your effective date, whether or not confined, the Term Life insurance will not take effect until the first day of the month that follows the day you have performed all the ADLs for at least 15 consecutive days. Do you understand? Yes/No
17. Please confirm that your beneficiary for the Principal Guaranteed Issue Term Life Insurance policy is **(beneficiary name)**. Yes/No?
[OR]
Who would you like to name as your beneficiary for the Principal Guaranteed Issue Term Life Insurance policy?
(Add beneficiary name) _____
18. You understand that you've selected a membership with Health Depot Association that includes Blanket Group Specified Disease/Illness, Blanket Group Accident, Blanket Group Accidental Death & Dismemberment and Excess Medical Expense Coverage, and Blanket Group Critical Illness Insurance Plans? Yes/No
19. You understand that the Blanket Group Specified Disease/Illness, Blanket Group Accident, Blanket Group Accidental Death & Dismemberment and Excess Medical Expense Coverage, and Blanket Group Critical Illness Insurance **does not** provide Major Medical or Comprehensive Medical Insurance Coverage, and is neither minimum essential coverage under federal law nor a policy of Worker's Compensation Insurance under state law and that you may be subject to a federal shared responsibility payment depending upon your financial situation? Yes/No
20. You understand that the Blanket Group Insurance Policies included in your HD Protection Plus membership are not intended to replace major medical, Cobra, Medicare, Medicaid or Medical Disability? Yes/No

21. 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

22. You understand normal pregnancy or childbirth is not covered under the Blanket Group Specified Disease/Illness and Blanket Group Accident Policy? Yes/No

However, using a doctor in the PHCS PPO network may reduce your doctor visit costs through the pre-negotiated discounted rates.

23. Did your Sales Representative explain that there is a 12 month waiting period for pre-existing conditions for the Blanket Group Specified Disease/Illness Insurance and that the pre-existing condition limitation is applicable to the hospital confinement, ICU, surgery and anesthesia benefits? Yes/No

24. And finally, did he/she explain that there is a 30 day waiting period before you may receive benefits for all covered sicknesses under the Blanket Group Specified Disease/Illness Insurance? However, there is no waiting period for the Blanket Group Accident Insurance benefits – you are covered for accidents beginning on your effective date. Yes/No

25. You understand that if there is any discrepancy between what you thought the Agent told you about the plan and what the actual Blanket Group Specified Disease/Illness, Blanket Group Accident, and Blanket Group Critical Illness 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.