



Wellness
PLAN OF AMERICA
SAVE MONEY. LIVE HEALTHIER.

2016

Verification



Verification

My name is (Your name) today's date is (date) and the time is (Time EST). **This call may be monitored or recorded for quality assurance purposes. Do I have your permission to record this verification?**
(Wait for a YES) **Great!**

I want to quickly confirm that we have your correct personal information. We have your full name as (Full name) your address is (Address), your telephone number is (#). Is this a cell phone or land line? (IF YES- "Do we have permission to call or text this # back should we need to?). We also have your DOB as (DOB). Is all of that correct?

*****If the membership is being added to another product and you already have permission to record the verification and have already taken their personal information proceed below:*****

Please confirm you understand you're joining the "Wellness Plan of America", also known as the WPA, which is a comprehensive membership, designed to help you Save Money and Live Healthier. This program was created to assist members in making the necessary lifestyle changes vital to long term health through FREE ongoing services in addition to member's only savings on wellness benefits.

Please confirm you understand your (plan name) Wellness Plan of America membership is (\$- for an individual / \$-for a family) monthly. You may elect to cancel at anytime as this is a month to month membership and includes a 15 day free look period. If you have any billing issues please call your sales representative / agent.

No Enrollment Fee

Today's charge is (\$- for an individual / \$- for a family). You will be charged (\$- for an individual / \$- for a family) each month on your effective date (State Effective Date). Do we have your authorization to process these charges? (Wait for a YES)

With Enrollment Fee

Today's charge is (\$- for an individual / \$- for a family) including your first month's membership fees and the onetime non-refundable enrollment fee of (\$-). You will be charged (\$- for an individual / \$- for a family) each month on your effective date (State Effective Date). Do we have your authorization to process these charges? (Wait for a YES)

IF an ACH (Routing/ Acct): A fee of \$25 or as allowable by law shall be charged to your account via draft or ACH in the event that your check is returned by your bank unpaid. Do we have your authorization to process these charges? (Wait for a YES)

Please confirm the billing address for the CC/ACH is the same as your mailing address. (Wait for a YES or for an alternate address)

Wellness Plan of America (WPA) membership benefits are NOT Insurance, NOT a Health Insurance Policy, NOT a Medicare Prescription Drug Plan, NOT a Qualified Health Plan under the Affordable Care Act, and NOT a Limited Medical Plan and NOT a Discount Plan.

WPA offers over 15 benefits that you can access to save money and live healthier. Your plan provides you access to a FREE **Wellness Specialist** dedicated to coordinating your journey to wellness and ensuring that members save time and money by assisting with most of your health and wellness needs, including but not limited to locating a provider for Doctor Visits, Dental, Vision, or Hearing services, scheduling provider appointments, and locating medical equipment or savings on member's prescription medications and other lifestyle benefits. WPA is prohibited from making members' payments to providers for services received. WPA Members are responsible for payment of services directly to providers and/or vendors when their appointment has been scheduled or arranged by a WPA Wellness Specialist. WPA Wellness Specialists DO NOT recommend treatment and DON'T replace any health insurance policy. WPA DOES NOT guarantee specific savings or results.

In the case of an emergency please DIAL 911.

Please confirm you understand these statements by saying YES. (Wait for a YES)

(DO NOT READ IF MEMBER RESIDES IN FOLLOWING STATES: MA, MD, NJ, NY, and RI)

Your WPA membership comes with a comprehensive annual 70+ (74 for Women and 75 for Men) panel blood test provided through LabCorp for a \$ (amount) co-pay. This benefit comes with a 90 day waiting period however other blood testing services will be made available immediately at discounted rates.

Please confirm you understand these statements by saying YES. (Wait for a YES)

As soon as your WPA enrollment application is processed you will receive two emails from WPA. One will be your "**Membership Welcome Email**" and the other will be your "**Membership Portal Login Info**".

The **FIRST STEP** in obtaining your prescription and health-related assistance requires you to login into your Member Portal. In your member portal you will be prompted to follow a few simple steps: Sign your WPA Terms and Conditions, select the benefits that are most important to you and if you're taking any medications complete the prescription savings form.

Once your Wellness Specialist receives your information they will contact you to assist with your prescription medication and any other immediate healthcare related needs. Please login to your Member Portal as soon as possible. The time frame to receive your WPA Prescription Savings Cost Analysis is based on how long it takes you to submit your prescription information.

Thank you very much for becoming a member of "**Wellness Plan of America**". Your transaction will show up on your bank statement as "**Wellness Plan of America**". Before I let you go, do you have any questions about the benefits included in your "**Wellness Plan of America**" membership or how they work?

Again, thank you for your business. Have a healthy day. We're all done! I want to thank you for your time and wish you the best of health!