

ACCIDENT SHIELD PLUS

SUPPLEMENTAL BENEFITS PLAN

MEMBERSHIP APPLICATION



Last Name	First Name	Sex	Date of Birth
Address		Phone #	E-Mail Address
City	State	Zip Code	Social Security #
Spouse (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth

Complete ONLY If List Bill or Payroll Deduction by Employer

Employer/Company Name

Employer/Company Phone #

Check Off Your Choices – Upgrade Prices on Back Page

Choose Single or Family Plan	Level	<input type="checkbox"/> Single	<input type="checkbox"/> Family
REQUIRED	\$2500	<input type="checkbox"/> \$24.75	<input type="checkbox"/> \$38.75
Base Plan Accident Medical Expense Choose Only One Level	\$5000	<input type="checkbox"/> \$32.75	<input type="checkbox"/> \$49.75
	\$7500	<input type="checkbox"/> \$39.75	<input type="checkbox"/> \$59.75
	\$10,000	<input type="checkbox"/> \$48.75	<input type="checkbox"/> \$72.75
Accidental TTD or STTD Upgrade	Primary	<input type="checkbox"/>	<input type="checkbox"/>
	Spouse	N/A	<input type="checkbox"/>
AD&D Upgrade Choose Only One Level	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>
	\$250,000	<input type="checkbox"/>	<input type="checkbox"/>

Payment Option

Check-ACH Credit Card Employer

Payment Mode

MONTHLY-ACH or CC ANNUAL
(ACH Attach Void Check)

Direct Monthly (Add \$2.50 DIRECT)

Make Check Payable to: WBA

For direct monthly paper invoice, add \$2.50 per month. The \$2.50 fee does NOT apply to annual payment. For annual payment multiply monthly payment by 12 and add the \$10 one time fee.

Choose Base Price, Add Upgrade Price From Other Side, Complete

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \text{\$10.00} = \underline{\hspace{2cm}}$$

Base Rate Upgrade Direct Bill One Time Fee Initial Payment

I hereby apply for membership with WBA and I authorize WBA and/or its authorized agent to charge my credit card for all future renewal payments as they come due, or; I hereby request and authorize you to pay checks drawn on my account by WBA and/or its authorized agent and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation, or; I authorize my employer to deduct from my earnings the required contribution. **This authorization shall remain in effect until WBA receives written notification from me revoking the authorization. I will notify WBA in writing of my wish to cancel the membership 30 days in advance.**

Credit Card Information

VISA MC DISCOVER AMEX

Card Number _____ Expiration (Mo/Yr) _____

Name on Credit Card _____

Member Signature

Date

Producer Name

Producer #

WBA AccidentSHIELD Member Plan Pricing

WBA offers upgrades to the basic AccidentSHIELD membership plan. You may chose 1 or both of the special benefits below. Just add any of the benefit packages shown below to your basic plan. Check off the benefits you've chosen on the front of this application, add in the correct amount from the columns below and total it all for your monthly dues.

Benefit Key:

AME = Accident Medical Expense \$2500, \$5000, \$7500 or \$10,000 included in all plans.

TTD = Temporary Total Disability Up to \$500 per week for up to 52 weeks for primary only.

STTD = TTD Up to \$500 per week for up to 52 weeks for primary & Spouse.

AD&D Accidental Death & Dismemberment, \$100,000 OR \$250,000

AccidentSHIELD – AME		
Description	Single	Family
\$2500 AME	\$24.75	\$38.75
\$5000 AME	\$32.75	\$49.75
\$7500 AME	\$39.75	\$59.75
\$10,000 AME	\$48.75	\$72.75

AccidentSHIELD PLUS – AME plus 1 Benefit		
Description	Single	Family
Add TTD	\$18.00	\$18.00
Add STTD	N/A	\$36.00
Add \$100K AD&D	\$8.00	\$18.00
Add \$250K AD&D	\$21.00	\$37.00

AccidentSHIELD ENHANCED – AME plus 2 Benefits		
Description	Single	Family
Add TTD + \$100K AD&D	\$26.00	\$36.00
Add STTD + \$100K AD&D	N/A	\$54.00
Add TTD + \$250K AD&D	\$39.00	\$55.00
Add STTD + \$250K AD&D	N/A	\$73.00

Wholesale Benefits Association AME Member Statement

Initials

- _____ I understand that I am purchasing a membership in a consumer benefit association.
- _____ I understand that my membership will not go into effect until the 1st of the month following my enrollment date (unless I enroll on the 1st).
- _____ I understand that I am not purchasing an individual insurance policy but that the membership does include some insurance coverage as part of the benefits package.
- _____ I understand that the insurance coverage in the benefits package is for accidental injury **ONLY** and does **NOT** cover illness or sickness of any type.
- _____ I understand that the insurance in the benefits package coverage does **NOT** cover any injury incurred prior to the effective date of my membership.
- _____ I understand that the accident medical expense insurance in the benefits package pays only for covered reasonable and customary medical expenses, not to exceed the lesser of the chosen benefit or my actual out of pocket expenses.
- _____ I understand that the accident medical expense insurance in the benefits package is paid directly to my medical providers unless I supply proof of prior payment.
- _____ I understand that the WBA benefits package is **NOT** health insurance, nor should it be considered a substitute or replacement for health insurance.
- _____ (optional ATTD coverage) I understand that benefits are paid only for **TOTAL** disability as defined in the coverage certificate and confirmed by my attending physician treating the injury. Partial disability is not eligible for benefit payments.
- _____ I understand that Exclusions & Limitations Apply and that for complete information I must refer to the member coverage certificate.

Member Name

Signature

Date

Agent Name

Agent Number