

Value Benefits of America Classic Membership Enrollment Form*

Print Primary Member Name: _____

I agree to the Value Benefits of America terms and conditions as listed on the reverse side of this form.

Signature of Primary Member: **X** _____ Date Signed: _____

*Classic Membership does not include Accident Medical, Emergency Air Ambulance or Accidental Death & Dismemberment Benefits.

Classic Benefits include over 400 major chains on-line in over 50 shopping categories, including everything from major department stores to specialty retailers to boutiques. In addition to earning rewards up to 25% shopping at participating on-line merchants, you can also receive point of sale discounts up to 50% from leading national retailers. Point of sale discounts are available on brand name merchandise, travel services and entertainment, including savings on movie tickets, movie rentals and at theme parks nationwide. You'll also enjoy savings of up to 60% dining at fine restaurants nationwide with discounted dining certificates, and the savings don't stop there.

Payment Calculations For Members

(Please insert N/A on dollar line when not purchasing that plan.)

	<input type="checkbox"/> Monthly Bank Draft	<input type="checkbox"/> Semi-Annual**	<input type="checkbox"/> Annual**	<input type="checkbox"/> Monthly List Bill
VBA Classic Membership Level (Required) -----	\$ 5.00*	\$ 30.00*	\$ 60.00*	\$ 5.00*
<u>VALUE HEALTH PLAN</u> -----	\$ _____	\$ _____	\$ _____	\$ _____
Value Health Plan Only \$15.00 Monthly Admin Fee	\$ _____	\$ _____	\$ _____	\$ _____
<u>VALUE MED PLAN</u> -----	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL FOR ALL ABOVE -----	\$ _____	\$ _____	\$ _____	\$ _____

***(Semi-Annual = Monthly X 6, Annual = Monthly X12)*
(List Bill Groups - Minimum of 2 with Value Health Plan. 5 or More otherwise)

***If you have purchased another level of VBA Membership, the \$5.00 dues are waived.**
I have purchased another level of VBA Membership Yes No

Make check payable to:
GEM Administrators

Send all forms and checks to:
HSA for America
1001-A E. Harmony Rd. #519
Fort Collins, CO 80525

Bank Draft Authorization Form

GEM ADMINISTRATORS AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

Name of Depositor as it appears on Banking Institution Records

Account Number	Routing/Transit Number	Name of Banking Institution	Branch
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Address	City	State	Zip
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As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and/or premiums. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of benefits or membership. If any ACH item is dishonored, I authorize an additional returned check fee of the state allowable amount to be charged to my bank account. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

X _____ Date Signed: _____

VBA Terms and Conditions

1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage to Members.
2. VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.
3. Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.
4. Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.
5. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.
6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.
7. Membership cancelled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.
8. Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form on the reverse side, Member expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership may include certain limited supplemental insured coverages. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may be changed for all members, but not individually, with notification.

Required with all new Value Health, Value Hospital & Value Med Applications

(1) BANK DRAFT AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS

I hereby authorize the indicated payee(s) below to charge my account the insurance premiums and fees due monthly.

- GEM ADMINISTRATORS (VALUE HEALTH or VALUE HOSPITAL PLANS)
- UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA (UNL) (VALUE MED PLAN in AR, ID, IL, MO, NE, NV, NM, ND, OK, SD, TX, UT & WV)
- GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL) (VALUE MED PLAN in approved states not listed above)

I understand my account will be charged once each month for the total amount shown as due for my monthly premium and fees for the term of the policy of insurance issued to me. I understand that if a charge to my account is not honored, my insurance coverage could lapse. I further agree that you will not be under any liability for any dishonored electronic withdraws from my account, for any reason, even though the dishonor results in the forfeiture of benefits or membership. If any ACH item is dishonored, I authorize any additional returned check fees resulting from said dishonored check, to be charged to my bank account. I understand that if I wish to cancel my coverage, I must inform the named insurance company above or GEM Administrators of such cancellation within 30 days of the withdrawal date. Please charge my monthly premium and fees against the following account.

Name of Depositor, as it appears on the Bank Institutions Records _____

Account Number _____ Routing / Transit Number _____

Name of Banking Institution _____ Branch _____

Address _____ City _____ State _____ Zip _____

Please attach a voided check from the account you wish billed for your coverage.

X _____ Date Signed: _____

MAKE THE CHECK (S) PAYABLE TO THE AUTHORIZED PAYEE INDICATED ABOVE.

(3) PAYMENT CALCULATION

A) INDICATE PAYMENT METHOD: Monthly Bank Draft Monthly List Bill * Semi-Annual**** Annual ****

B) ENTER AMOUNTS:	Value Health Plan **	Value Hospital Plan **	Value Med Plan **
1. Applicant	\$	\$	\$
2. Spouse	\$	\$	\$
3. Child (Rates are per child for the Value Health /Hospital) # ____ X \$ ____ =	\$	\$	NA
4. VBA Monthly Fees: (VBA Classic Membership is required if not a current VBA member) ***	\$5.00	\$5.00	\$5.00
5. Monthly Administration Fee:	\$15.00	\$7.50	NA
6. Total Monthly Due: ****	\$	\$	\$
C) IMPORTANT PAYMENT INSTRUCTIONS:	Make check payable to GEM Administrators.	Make check payable to GEM Administrators.	Make check payable to GTL or UNL.

* Minimum for Monthly List Bill is 2 on Value Health or Value Hospital or 5 on Value Med.
 ** You can purchase only one AIG product, either the Value Health or the Value Hospital. You can purchase the Value Med alone or with either the Value Health or Value Hospital.
 *** If you have purchased another level of VBA Membership, the \$5.00 monthly dues are waived. I have purchased another level of VBA Membership. Yes No
 **** For Semi Annual or Annual payment modes, see below:
 VALUE HEALTH or VALUE HOSPITAL: Semi-Annual - Multiply total by 6. Annual - Multiply total by 12.
 VALUE MED PLAN: Semi-Annual - See brochure for rates (Add \$30 VBA dues if not already a member.)
 Annual - See brochure for rates. (Add \$60 VBA dues if not already a member.)

(2) VALUE BENEFITS OF AMERICA CLASSIC MEMBERSHIP ENROLLMENT FORM*

Print Primary Member Name: _____

I agree to the Value Benefits of America terms and conditions as listed on this form.

X _____ Date Signed _____
 Signature of Primary Member

About Value Benefits of America Classic Membership:

Classic Benefits include over 400 major chains on-line in over 50 shopping categories, including everything from major department stores to specialty retailers to boutiques. In addition to earning rewards up to 25% shopping at participating on-line merchants, you can also receive point of sale discounts up to 50% from leading national retailers. Point of sale discounts are available on brand name merchandise, travel services and entertainment, including savings on movie tickets, movie rentals and at theme parks nationwide. You'll also enjoy savings of up to 60% dining at fine restaurants nationwide with discounted dining certificates, and the savings don't stop there. Included at no charge are discounts at over 55,000 pharmacies for your prescription drugs as well as lab tests and x-ray imaging services. Complete details of membership benefits are provided at www.VBAmembers.com.

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Please Mail completed forms and your check(s) to:

HSA for AMERICA
1001-A E. Harmony Rd. #519
Fort Collins, CO 80525

Marketed By:

GAC #: