



Creative Benefit Design Benefits Program

Discount Medical Plan Application {Please Print}
Please Fill in the Information Requested. (* denotes required information)

Discount Medical Plan Application (Please Print)

Today's Date: _____ Group ID: **CBD** *Date of Birth: _____
*First Name: _____ MI: _____ *Last Name: _____ male female
*Address: _____ *Number of Dependents: _____
*City: _____ *County: _____ *State: _____ *Zip: _____ *Daytime Phone: _____
Evening Phone: _____ Email Address: _____

CHOOSE YOUR DISCOUNT PROGRAM PACKAGE: (THIS IS NOT INSURANCE)

- PREMIUM: Dental, Pharmacy, NurseLine™, Vision, Hearing Aids, Lab Testing, MRI & CT Scans, Chiropractic, Alternative Medicine, Diabetic Supplies, Durable Medical Equipment and Ticket Monster**
- PREMIUM PLUS: All of the above PLUS Physician Visit and Hospital Referrals**

Make checks payable and mail to:
Creative Benefit Design, Inc
3400 Wabash Ave
Terre Haute, IN 47803

BILLING OPTION:

Annual (check or money order) +One-Time \$5.00 Administration Fee charged first month.

Your Annual Membership Fee **PREMIUM: \$180** **PREMIUM PLUS: \$228**

***SELECT YOUR METHOD OF PAYMENT (check one)**

- Check
- Money Order Enclosed

ADDITIONAL TERMS AND CONDITIONS: This membership will remain in effect until Creative Benefit Design, Inc has received a written notice from me that this should be canceled. To ensure prompt cancellation of my discount benefits program, this notice must be submitted at least 15 days but not less than 3 days, prior to my next scheduled payment date. (See online application for full terms and conditions.)

***Sign Here** _____

(Signature required)

By submitting this form, I acknowledge that I have read and recognize the Terms and Conditions listed above.

Your membership is effective upon receipt of membership materials.

This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.

This discount card program contains a 30 day cancellation period. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380-3475. Not available to KS, UT, VT or WA residents. Hospital Discounts NOT available in MD, VT, and WV. Discount Lab Work Benefit is not available to HI, MA, MD, ND, NJ, NY, RI, SD or VT residents.

The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

Limitations, Exclusions & Exceptions

1. Member is defined as primary member, spouse, and all legal dependents.
2. Providers are subject to change without notice. Programs may vary in some states. Providers and locations may be removed from the network at any time.
3. This is a discount program only. The program may be cancelled or modified at anytime. You will receive notice if the plan is cancelled or materially modified.
4. Normal business hours are Monday through Friday, 7:00 am to 7:00 pm and Saturday, 8:00 am to 5:00 pm Central Time.
5. The discount company will not reimburse or pay any portion of any provider's fees. These benefits may not be used with any other discount plan or program. Listed or quoted prices are subject to change without notice.
6. Providers may offer products or services to the public at prices lower than the discounted prices. In such event, members will be charged the lower price.
7. Savings are based on the provider's normal fees. Actual savings will vary by location and the services or products purchased.
8. This discount program is a referral plan, and makes no warranties concerning the quality of care received. Providers are responsible for the professional advice and treatment provided to members.