

**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 Through 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"/> \$22.00 | <input type="checkbox"/> \$35.00 |
| Base Plan Accident Medical Expense | \$5000 | <input type="checkbox"/> \$28.00 | <input type="checkbox"/> \$45.00 |
| Choose Only One Level | \$7500 | <input type="checkbox"/> \$35.00 | <input type="checkbox"/> \$54.00 |
| | \$10,000 | <input type="checkbox"/> \$43.00 | <input type="checkbox"/> \$64.00 |
| Accidental TTD or STTD Upgrade | Primary | <input type="checkbox"/> | <input type="checkbox"/> |
| | Spouse | N/A | <input type="checkbox"/> |
| Consult-a-Dr Upgrade | | <input type="checkbox"/> | <input type="checkbox"/> |
| AD&D Upgrade | \$100,000 | <input type="checkbox"/> | <input type="checkbox"/> |
| Choose Only One Level | \$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.

Credit Card Information

VISA MC DISCOVER AMEX

Card Number _____ Expiration (Mo/Yr) _____

_____ Name on Credit Card

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

| | | | | | | | | |
|-----------|---|---------|---|-------------|---|----------------|---|-----------------|
| _____ | + | _____ | + | _____ | + | \$10.00 | = | _____ |
| 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.

| | | | |
|------------------|------|---------------------|------------|
| Member Signature | Date | CHRISTOPHER W. MARR | 50572 |
| | | Producer Name | Producer # |