Complete and fax to: 817-306-2357
- or -
mail to: Empower Discount Medical Plan
Attention: Sherri West
6030 Jacksboro Highway
Fort Worth, Tx 76135

First Name (primary)	Middle Name	Last Name	Date of Birth	Sex
First Name (spouse)	Middle Name	Last Name	Date of Birth	Sex
Address	City		State	Zip
Sales Agent Name: Sherine Lewis	Sales Agent ID#: L529			

NOTE: Dependants must be listed on the following page if you are selecting the "Max-Advantage" plan.

I hereby apply for membership in the Empower Medical Discount Plan. I understand the benefits provided by this plan are not insurance benefits. I authorize my employer to deduct from my earnings the necessary contribution, if any required by me, if applicable. I understand that my cancellation of these benefits will be made on the last day of the month in which Empower Benefits recieves my written cancellation notice.

X
Signature Date

Please Select a Savings Plan

☐ Select	☐ Silver	☐ Gold	☐ Max-Advantage
$12.85/Month	*$19.75/Month*	*$29.85/Month*	*$49.85/Month*
These benefits are included in all of our packages - Dental Care - Vision Care - Legal Services - Mail Order Prescriptions - Neighborhood Pharmacy - Fitness Advantage -VIP Health - Vitamins	**All Benefits of the *Select Package* plus these additional benefits** - Chiropractic Care[4] - Alternative Medicine -Physician Visit - Hospital & Facility Access[1] - Nurse Hotline - Doctors Online - Travel Assist[2]	**All Benefits of the *Silver Package* plus these additional benefits** - Counseling Services - Family Consultation Services - Hearing Discounts	**All Benefits of the *Gold Package* plus these additional benefits** - Accident Medical and Accidental Death & Dismemberment.[3] - Diabetic Supplies - Roadside Assistance Program

** Empower Max-Advantage Plan includes:*

Savings on Dental, Vision, Hearing, Chiropractic, and Alternative Medicine care. Over 71,000 dentists(3) and 12,000 vision care providers. Largest national hearing network. Counseling for elder care, child care, stress, depression, anxiety, substance abuse, relationship issues, loss, and grief. Legal Club provides access to 20,000 attorneys with Free and discounted legal care. Doctor office visit plan with over 285,000 physicians. Prescription plan with savings up to 10-60% and access to over 56,000 pharmacies. 24/7 nurse hotline and library. Online Health Illustrated Encyclopedia, Pregnancy Health Center, Child Safety Center, and My Diet. Accident Medical and Accidental Death & Dismemberment. Auto Club Plan.

Monthly Membership Fee (based on plan selected) $ ______
One-Time Registration Fee $ 20.00
Total Amount Due $ ______

Please Indicate Type of Payment (Credit Card or Bank Draft)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number	Expiration Date
Cardholder Name	
Phone Number	
Authorized Signature X	

☐ Bank Draft (Please draft on the ☐ 1st ☐ 15th of the month)

As a convenience to me, I hereby ask and authorize my Bank to charge my account, drafts or EFT notices drawn by Empower Brokerage. This authorization will remain in effect until I revoke it in writing and until the Bank actually gets such notice. I agree that Empower Brokerage shall be fully protected in charging such payments to my account. I agree that Empower Brokerage's treatment of and rights in respect to each such charge shall be the same as if it were signed personally by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, Empower Brokerage shall be under no liability whatsoever, even though such dishonor results in the forfeiture of membership in the Empower Savings Plan. I have instructed Empower Brokerage to send this authorization to my Bank.

Routing Number	Account Number
Authorized Signature X	

This plan is NOT insurance

Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd. Dallas, TX 75244

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 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 recieve a full refund of membership fees, excluding registration fee, if membership is cancellede within the first 30 days after receipt of membership materials. Available only in TX, OK, CO, NM, AZ, LA, AR, MO, NV, NE. * - NOT Required 1 - Hospital discounts NOT available in Maryland. 2 - Travel Assist NOT available to Oregon, Connecticut, Florida and Washington residents. 3 - All benefits provided by this insurance are subject to the terms, definitions, conditions, exclusions and limitations, of the group policy. To obtain more information about this insurance, please ask to speak to a licensed agent. All members of the Program are enrolled into the Consumers Direct Association of America (CDAoA) to be eligible to receive these benefits. The insurance benefits are underwritten by The United States Life Insurance Company in the City of New York, a member company of American International Group, Inc[1] under Group AD&D & Medical Care Insurance Policy (Form #G-19000) issued to Consumers Direct Association of America (CDAoA). ([1]The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations.) THIS IS NOT BASIC HEALTH INSURANCE. THIS OFFER INCLUDES DISCOUNTS AND/OR SERVICES PLUS ADDED LIMITED BENEFIT SUPPLEMENTARY INDEMNITY INSURANCE. NONE OF THESE, INIDIVUALLY OR IN COMBINATION ARE A SUBSTITUTE FOR BASIC HEALTH COVERAGE, MAJOR MEDICAL INSURANCE OR ANY OTHER MEDICAL EXPENSE REIMBURSEMENT INSURANCE PLAN. Actual cost and savings vary by provider and geographical area (According to the Aetna Enterprise Provider Database as of March 1, 2006). Dental Benefit is not available to Vermont residents. 4 - Chiropractic Benefit is not available to Vermont residents.

Form: ESP-101

Dependants (only needed if choosing "Max-Advantage" plan)

First Name (dependant 1)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 2)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 3)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 4)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 5)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 6)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 7)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 8)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 9)	Middle Name	Last Name	Date of Birth	Sex
First Name (dependant 10)	Middle Name	Last Name	Date of Birth	Sex