

THE HOSPITAL AND MEDICAL SAVINGS PLAN

Offered by VantageAmerica (a subsidiary of GTL) EASY ENROLLMENT FORM

Complete this simple Enrollment Form and
include your remittance today.

YES! I accept your invitation — please sign me up for the new Hospital and Medical Savings Plan. I understand that this is a discount benefits program, not insurance, and is not intended to replace any insurance I have.

I'm enrolling for (check one):

- Individual coverage (\$29.95/month + \$30* Administrative Fee) = \$59.95
 - Individual coverage (\$329.95/year + \$30* Administrative Fee) = \$359.95
 - Family coverage (\$39.95/month + \$30* Administrative Fee) = \$69.95
 - Family coverage (\$429.95/month + \$30* Administrative Fee) = \$459.95
- *One time only

Please Print

▶ YOUR FULL NAME _____
YOUR DATE OF BIRTH ____/____/____ M F
ADDRESS _____ APT # _____
CITY, STATE, ZIP _____
PHONE (____) _____ EMAIL _____
SPOUSE'S FULL NAME _____
(if enrolling for Family Coverage)

▶ **CHOOSE YOUR NETWORK: (Call us or go to our website for details.)**

Multiplan (Individual) MUPH Beech Street (Individual) BEEHI
Multiplan (Family) MUPHF Beech Street (Family) BEEHF

▶ **HOW DO YOU WANT TO PAY? (Must check one.) DO NOT SEND CASH**

- Annually** My personal check or money order for the annual fee, payable to VantageAmerica, is enclosed (\$359.95 annually for individual coverage; \$459.95 annually for family coverage).
- Monthly** (1st and 2nd month premium as well as \$30* administrative fee required to start coverage) bill my checking account monthly (***please remember to enclose a voided check***). I authorize GTL to bill my checking account for the plan I have selected. This authority shall remain in force until I notify GTL in writing of its cancellation.
- Checking Account (Attach Voided Check)* *Savings Account (Attach Deposit Slip)*

Financial Institution _____ Routing Number _____ Account Number _____

X _____
Signature (required) _____ Date (required) _____

JACK HEIM _____ **P4A00** _____
Agent Name (please print) _____ Agent Code _____

Mail completed form to:
PHA, US
PO Box 100116
Fort Worth, TX 76185