

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 - Calculate Your Payment

| Choose Single or Family Plan | Level | <input type="checkbox"/> Single | <input type="checkbox"/> Family |
|---|--------------|----------------------------------|----------------------------------|
| REQUIRED | \$5000 | <input type="checkbox"/> \$22.00 | <input type="checkbox"/> \$35.00 |
| Base Plan Accident Medical Expense | \$7500 | <input type="checkbox"/> \$28.00 | <input type="checkbox"/> \$41.00 |
| Choose Only One Level | \$10,000 | <input type="checkbox"/> \$34.00 | <input type="checkbox"/> \$47.00 |
| Optional Accident Only DI | Primary | <input type="checkbox"/> \$18.00 | <input type="checkbox"/> \$18.00 |
| Must Be Employed Full Time | Spouse | N/A | <input type="checkbox"/> \$36.00 |
| Optional Consult-a-Dr Upgrade | | <input type="checkbox"/> \$11.00 | <input type="checkbox"/> \$11.00 |
| Optional AD&D Upgrade | \$100,000 | <input type="checkbox"/> \$8.00 | <input type="checkbox"/> \$18.00 |
| Choose Only One Level | \$250,000 | <input type="checkbox"/> \$21.00 | <input type="checkbox"/> \$36.00 |
| For Annual Rate Multiply Total by 11 | TOTAL | | |

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 11 and add the \$10 one time fee.

Credit Card Information

- VISA
 MC
 DISCOVER
 AMEX

| | |
|---------------------|--------------------|
| Card Number | Expiration (Mo/Yr) |
| Name on Credit Card | |

| | | | |
|-------------|-------------|------------------|-----------------|
| _____ + | _____ + | \$10.00 = | _____ |
| Chosen Rate | 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 |
|------------------|------|

| | |
|------------------------|------------------------------|
| _____ Producer Name | 53122 _____ Producer # |
|------------------------|------------------------------|

Mail Application To: Comprehensive Insurance Agency – 3601 Algonquin Rd. Suite 605 – Rolling Meadows, IL 60008 OR FAX TO: 847-483-9485