## DISCOUNT MEDICAL PLAN MEMBERSHIP APPLICATION

Please fill out entire application and print clearly for your membership in our discount dental, vision, and prescription plan.

## Applicant's Information

First Name		Middle		Last Name	e	
Social Security Number	Date of Birth	Male/Female	Contact Ph	none Number	Business P	hone Number
Complete Mailing Address or	r PO Box					Apartment Number
City			State	Zip Code	Email Address	
Employer			How did y	ou hear about us?		
	Pleas	se list only the hou	sehold membe	ers you wish to en	eroll below	
First, Middle and Last Name	2		Relationsl	hip	Male/ Female	Date of Birth
X						
Signature					Da	te
Salac Cancultant						

## Please see reverse side for prices, payment and payment options

This discount program is NOT a health insurance policy or a Medicare prescription drug plan and does not make payments directly to medical service providers. The program provides discounts at participating providers for medical services. Members are obligated to pay for all medical services, but may receive discounts on medical services from participating providers and the discount range will vary depending on provider type and medical services received. The program does not meet the minimum creditable coverage requirements under Massachusetts G.L. c. 111M and 956 CMR 5.00 and is not a Qualified Health Plan under the Affordable Care Act. The discount medical plan organization is Avia Dental Plan, Inc., 2001 Main Street, Suite 403, Wheeling, WV 26003, 1-888-431-2273, cancellations@aviadental.com, www.aviadental.com.

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Annual Membe	<u>rship Fees</u>				₽
Individual +1	\$ 109.00 \$154.00 g 3 or more\$169.00		c coverage go to <u>www.aviadental.com</u> or it card.	fax or call our office	SCOUNT N
Plus \$20.00 non	-refundable processing fee	per application (\$20	includes all household members)		IEDIC
Mail payment ar	noney order payable to: Aviand completed application to:	2001 Main Street, S	uite 403, Wheeling, WV 26003 1257 For faster service sign up via web	at <u>www.aviadental.com.</u>	DISCOUNT MEDICAL PLAN MEMBERSHIP APPLICATION
Credit card info	rmation: Please complete if	using credit card for	one-time payment or monthly option		ERSH
[ ]Visa [ ] M	asterCard [ ] American	Express [ ] Disco	)ver		IP APPLICATI
Card Number:_			Expiration l	Date:	9
Cardholder's Sig	gnature			Date	
IF PAYING MO Monthly Bank a	ONTHLY: nd Credit Card Option				
Individual Individual +1 Family	(enrolling 1 person) (enrolling 2 people) (enrolling 3 or more)	Initial Payment \$29.25 \$33.25 \$35.00	Monthly Auto Debit \$ 9.25 \$13.25 \$15.00		
On monthly pay	ment plan, the Initial Payme	ent includes the \$20 n	non-refundable processing fee and 1st m	nonth payment.	
Monthly agreen	nent for bank and credit ca	rd accounts			
authorize Avia I by me in writing	Dental Plan <sup>®</sup> to initiate debit g and the return of my men	entries to my account ober identification ca	t as indicated on the voided check or cre	card on the [ ] 15 <sup>th</sup> of the month. I heredit card information enclosed until revol 2 months and will automatically renew	ced
		<u>X</u>			
Print Name		Signature		Date	
Instructions for mo 1. Complete Apr		are paying (annually	or monthly and single, double or family	7) 3. Check date for automatic bank	

account or credit card debits 4. Print name, sign and date form 5. Include initial payment and voided check if paying from bank account

For residents of CO, FL, IN, LA, MD, MO, NH, NY, OH, TN, TX, UT, VT, and WV, if you cancel your membership within the first 30 days after the effective date of enrollment in the plan, you will receive a reimbursement of all periodic charges upon return of the discount card to Avia Dental Plan, Inc. This reimbursement will include the processing fee for residents of TN and VT. This contract is not protected by any state guaranty fund. The program and discount medical plan organization is not liable for providing or guaranteeing health services or for the quality of health services rendered. Membership and processing fees apply. This program is governed by the Membership Agreement provided upon the effective date. Participating providers are not available in all areas and are subject to change without notice. Program is not available in all states.