

Discount Medical Plan Application - Multi-Care

This application, along with your fulfillment kit will serve as your entire membership agreement.

Member Information

First Name: _____ MI: _____

Last Name: _____ DOB: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Membership Fee

(Immediate family members included-member spouse and legal dependents)

Monthly \$19.95

Annual \$199.00

Application Fee

\$20.00 - A ONE-TIME, NON-REFUNDABLE PROCESSING FEE IS REQUIRED WITH EACH APPLICATION

Family Members

(Date of birth required to add spouse and legal dependents)

First Last MI DOB

You can cancel in 30 days and receive a full refund, less your processing fee

Credit or Debit Card

Visa MasterCard Discover Amex

Name of Cardholder: _____

Card/Debit Card #: _____

Expiration Date: _____

Bank Draft

Name of Account Holder: _____

Checking Savings

Please include a voided check with this application

Name of Bank: _____

City and State of Bank: _____

Routing # (9 #'s at bottom of check): _____

Account #: _____

Payment Authorization

Membership Terms and Conditions

I authorize Careington International to bill my credit/debit card or my checking account for this program; it will remain in force until I notify them in writing to cancel. Processing will be delayed on applications without a form of payment. Charges will appear as "Careington International" on your monthly statement. This application, along with your welcome kit, with all product details, will serve as your membership agreement. Please keep the brochure portion for your records. You will receive your welcome kit after we process your application.

Signature: _____ Date: _____

You can mail your application to Careington International Corporation, P.O. Box 2568, Frisco, Texas 75034-9929 or fax it to (972) 335-3986.

Agent Code _____ Group Code TFWM-MC

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Careington to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify Careington International Corporation in writing of its cancellation. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Termination Conditions: Careington reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. **FL Residents:** You have the right to cancel within the first 30 days after effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Careington will accept and cancel program memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation by email: member@careington.com. If Careington is billing you quarterly, semi-annually or annually, Careington will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description of Services: Please see the enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time Careington has the right to eliminate a Participating Professional from the Careington network in which they are associated and may substitute Provider networks at its sole discretion. Careington cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime with notice as required by law.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. All complaints or grievances are documented in the monthly Quality Assurance log along with the date and content of the complaint or grievance. Members have the right to request an appeal of the complaint and grievance resolution. Appeals will be sent to the Committee and will be entitled to a second review with different individuals. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department. **TX Residents:** All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.



MULTI-CARE Discount Plan

For only \$19.95/month or \$199/year, you and your family can access discounts on dental, vision care, prescriptions and more!



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Administered by:
Careington
Promoting Health and Well-Being

TFWM-MC :: 120111

It's easy to save on health care expenses with Careington

Dental Care

- Savings of 20%-50% on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns
- Savings of 20% on orthodontics for both children and adults
- Savings of 20% on normal fees for all specialties – including endodontics, oral surgery, orthodontics, pediatric dentistry, periodontics and prosthodontics – where available

The dental care discounts are provided by Careington International Corporation.

Lab Services

- 10% to 80% savings on regular retail pricing of blood tests
- Access to over 3,000 certified labs nationwide

The lab discounts are provided by Direct Labs..

Prescription Discounts

- Discounts are available at over 58,000 participating pharmacies nationwide
- Savings of 15% to 60% off generic drugs and 15% to 25% off brand name prescriptions
- Convenient ordering online, by phone, or through the mail

The prescription discounts are provided by MedImpact.

Weight Loss Surgery

- A \$1,000 discount off the regular price for gastric banding weight loss surgery
 - Access to a national network of over 100 participating locations
- The lap band surgery discount is provided by the Gastric Banding Panel Group.

Vision Care

- Members save 20% to 40% off the retail price of eyewear
- Receive discounts on exams and contact lenses
- Members are entitled to 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures, whichever is the greater discount
- More than 40,000 providers nationwide including independent optometrists, ophthalmologists, opticians, and leading optical retailers such as LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical, and most Pearle Vision® locations

The vision discounts are provided by EyeMed Vision Care Access Plan D.



Additional Health Care Services

- Savings of 15% off the standard price or 5% off the promotional price of LASIK or PRK procedures from National Lasik Network
- 10%-30% on chiropractic services and many types of alternative health care therapies from HealthWays WholeHealth Network
- Access to nurse triage services via a toll free number 24 hours a day, seven days a week from CareNet
- Savings on hearing exams, and approximately 25% savings on hearing aids at any HearPO provider
- 20% to 40% savings on diabetic and medical supplies and more from Better Living Now
- 5% to 30% savings on long-term care services from HealthCare Synergies
- Everything from vacation planning to home repairs, sold-out concerts to intimate dinners, available 24/7/365 from lesConcierge

The Careington Advantage

Careington is the leading provider of health care and lifestyle discount plans in the industry.

- Everyone is accepted
- Unlimited plan usage, with no administrative forms to file
- Membership includes family members
- You can cancel in 30 days and receive a full refund, less your processing fee

How to use the plan

Call (800) 290-0523 or click on the "Search for a Provider" button at www.careington.com/co/TFWM to locate a participating provider. When making an appointment, confirm the provider's continued participation and then present your membership card during your visit. You are responsible for paying the provider the entire discounted fee at the time the service is provided.

For more information, visit www1.careington.com/currentmember/index.shtml and click on the "Frequently Asked Questions" button or call Member Services at (800) 290-0523, Monday through Friday, from 7 a.m. to 7 p.m. CST, to talk to a representative.

How to Join:

1. **Call:** (866) 222-2558 & Mention code "TFWM"
2. **Website:** www.careington.com/co/tfwm
3. **Mail:** 7400 Gaylord Pkwy, Frisco TX 75034
4. **Fax:** (877) 335-7811

Disclosures:

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*

This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at www.searchforaprovider.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. *Medicare statement applies to MD residents when pharmacy discounts are part of program.

