

YOU CAN NOT BE TURNED DOWN FOR THIS INSURANCE!



NO HEALTH QUESTIONS VALUE GUARANTEE

Sickness & Accident Indemnity Benefits for Value Benefits
Of America Members And Their Insured Family Members

VG PAYS IN ADDITION TO OTHER INSURANCE **VG USE ANY PROVIDER**
VG BENEFITS PAID DIRECTLY TO YOU **VG NO DEDUCTIBLE** **VG NO CO-PAYS**

LIMITED MEDICAL BENEFIT SCHEDULE FOR A COVERED SICKNESS OR ACCIDENT

*option 1 **option 3 ***option 4

BASIC*

PLUS**

DIAMOND***

DOCTOR'S OFFICE VISITS

Physician's Office Visits - 5 per year each Insured adult, 5 per year each insured child.

\$75 EACH

\$75 EACH

\$75 EACH

DAILY HOSPITAL BENEFITS

Daily Hospital confinement from the 1st day up to 30 days per confinement.

\$250 PER DAY

\$750 PER DAY

\$1,000 PER DAY

Intensive Care or Coronary Care from the 1st day up to 14 days per confinement. (*amount includes Daily Hospital Confinement Benefit)

\$750 PER DAY*

\$2,250 PER DAY*

\$3,000 PER DAY*

SURGICAL BENEFITS

Pays **scheduled** amount for surgery due to a covered sickness or injury up **to a maximum of:**

\$8,000

\$8,000

\$8,000

Pays **scheduled** expenses for administration of anesthesia during a covered surgery up **to a maximum of:**

\$1,600

\$1,600

\$1,600

AMBULANCE BENEFITS

Pays expenses incurred for ambulance services due to a covered injury & sickness up to: (pays for 2 trips per Insured per year)

\$100

\$100

\$100

EMERGENCY INJURY BENEFITS

Pays expenses incurred for emergency treatment due to a covered injury up to: (pays for 2 visits per Insured per year)

\$75

\$75

\$75

The above chart details benefits for individuals under age 65. Benefit amounts will be reduced 50% at age 65

Your Coverage will remain in force as long as you are under age 75, you pay your premiums and are not in active military service and your policy is in force.

**ISSUE AGE
UNISEX RATES**

FOR VBA MEMBERS
**Value
Benefits
of America**
A Not-For-Profit Association

AGE	BASIC MONTHLY	PLUS MONTHLY	DIAMOND MONTHLY
Child	\$32.00	\$54.00	\$65.00
18-39	\$75.00	\$132.00	\$160.00
40-49	\$85.00	\$151.00	\$184.00
50-59	\$112.00	\$201.00	\$246.00
60-64	\$122.00	\$220.00	\$268.00

Add \$20.00 monthly administration fee per certificate. Displayed rates include monthly VBA Membership of \$10 per Insured adult and \$5 per Insured child

This brochure is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations of the Group Accident and Health Insurance Policy No. G-610,330, Form No. G-19000. Coverage may vary or may not be available in all states. AG-6671



Underwritten by The United States Life Insurance Company in the City of New York. The United States Life Insurance Company in the City of New York was Founded in 1850 and is the oldest stock life insurance company in the United States.



THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK

EXCLUSIONS & LIMITATIONS

PRE-EXISTING CONDITIONS PROVISIONS FOR MEDICAL CARE BENEFITS

PRE EXISTING CONDITION means:

- an injury or sickness which manifested itself within 12 months before a person became insured under a given benefit section of this policy in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment;
- an injury or sickness for which a person was recommended or received medical advice, diagnosis, care or treatment within 12 months before a person became insured under a given benefit section of this policy; or
- a pregnancy that exists on the date a person became insured under a given benefit section of this policy. No charges for normal pregnancy or normal delivery will be considered covered charges.

No charges incurred for a pre-existing condition will be considered covered charges under a benefit section until the person stays insured under such benefit section for 12 continuous months.

GENERAL EXCLUSIONS

No medical care benefits will be paid by the group policy for charges incurred for treatment which:

1. is given after a person's insurance ends, regardless of when the injury or sickness occurred. However, medical care benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section.
2. is not essential for the necessary or treatment of the injury or sickness involved.

NECESSARY CARE OR TREATMENT means that a treatment, service, supply or medicine; is appropriate and essential for the diagnosis or treatment of the person's symptoms; is within the scope, duration or intensity of that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; is furnished within the framework of generally accepted methods of medical treatment; involves only the use of any drugs or substances formally approved by the United States Food and Drug Administration. A treatment, service, supply or medicine will not be considered **NECESSARY CARE OR TREATMENT** if it is: part of a treatment that is determined to be an Experimental Procedure or for research purposes; or provided primarily as a convenience to the patient, the patient's family or the provider of care.

EXPERIMENTAL PROCEDURE means and medical procedure, equipment, treatment, or drugs or medicines that are: limited to research; not proven in an objective manner to have therapeutic value or benefit; restricted to use by medical facilities capable of carrying out scientific studies; of questionable effectiveness; or would be considered inappropriate medical treatment.

To determine whether a procedure is experimental, United States Life will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Federal Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.

3. would be given free of charge if the person was not covered. However, medical care benefits will be paid for covered charges incurred by a state for medical assistance to an insured person under Title XIX of the Social Security Act of 1965.
4. results from a war or an act of war.
5. results from intentionally self-inflicted injury.
6. is given by a person's spouse or his spouse's parents, children, grandparents, grandchildren, sisters, brothers, aunts, uncles, nieces or nephews.

No benefits will be paid for any confinement:

1. for treatment of psychiatric, mental, nervous or emotional disorders, alcoholism or drug addiction;
2. due to the person's being intoxicated or under the influence of any drug, unless taken as prescribed by a physician; or
3. which begins after a person's insurance ends, regardless of when the injury or sickness occurred. However, hospital indemnity benefits may be provided as described in the Benefits After Insurance Ends provision.

The policy described in this brochure provides limited benefits only, which are less than the minimum standards for major medical expenses coverage as prescribed by the insurance regulator of your state.

MAIL APPLICATIONS TO:
INSURANCE SERVICES OF AMERICA
1757 E BASELINE RD, STE 126
GILBERT, AZ 85233
FAX 1-866-793-4779 PHONE: 1-800-647-4589

ADMINISTRATORS
GEM Administrators
4227 N. 32nd St. Ste. 201
Phoenix, AZ 85018
(800) 756-4906

Underwritten by The United States Life Insurance Company in the City of New York. 70 Pine Street, New York, New York 10270. Group Limited Benefit Accident and Health Insurance Policy Form Series Number G-19,000

The underwriting risks, financial and contractual 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.

NAIC Number: 70106, Domicile and address: 70 Pine Street, NY, NY 10270 and Scope of Licensure: All States plus DC

Value Benefits of America, Inc., is a not-for-profit association that was established for the purposes of promoting the common interest of families by providing educational information regarding health, agriculture, economics and other areas of interest to members. To enhance the quality of life for members by offering benefits and discount services for association members.



DIVIDEND Club
TM



Save thousands of dollars each year by shopping the hundreds of national name brand Dividend Club Merchants as a VBA Member. Members also save an extra 20% on top of Restaurant.com's dining deals that are already as high as 60% off! There are merchants for almost all you can imagine and need. See the list of Merchants by category at WWW.VBAMEMBERS.COM

Go to www.VBAMembers.com to discover the many discount programs available including:

PRESCRIPTION DRUG DISCOUNT PROGRAM[†]
X-RAY, IMAGING & RADIOLOGY PROGRAM[†]
LAB PROGRAM[†]

[†]These Specific Discounts & Benefits are Available FREE to Anyone!

ADDITIONAL VBA MEMBERSHIP PROGRAMS & DISCOUNTS

VBA Membership includes discounts for both **DHL** and **FedEx Kinko's**



Enjoy a **30%** discount on copy services as well as a **10%** discount on additional **FedEx Kinko's** products & services

Enjoy a discounts up to **25%** on next-day air, second-day air and on standard ground shipping



VBA Membership also includes discounts for both **Alamo** and **AVIS**.



Take advantage of year-round savings! **AVIS** offers Value Benefits of America great money-saving coupons on top of special rates!

Alamo offers year-round discounts and value-added promotions on leisure or business travel.



Have you ever...

- Needed to speak to a doctor for a non-emergency illness?
- Needed quick, to-the-point medical advice?
- Needed a doctor to prescribe non-narcotic prescriptions where allowed and when sufficient medical history is available?

If you answered "Yes" to any of these questions, then you need Call MD.

Call MD is a nationwide network of medical physicians who provide medical advice in 10-minute sessions and issue non-narcotic prescriptions (where allowed and when sufficient medical history is available) to expedite hassle-free treatment.

CALL MD™ and WWW.VBAMEMBERS.COM

- Up to twelve (12) 10-minute consultations per year for a family, six (6) for an individual. (Additional consultations may be purchased by the member for \$35 / consultation.)
- Nationwide network of medical doctors available to discuss medical issues.
- Over-the-phone prescriptions (where permitted by law).
- Member's electronic medical record maintained in a highly secured Internet.
- On-call Registered Nurse documents, by tele-triage, the current medical concern or issue 24 hours a day, seven days a week.
- Treatment information.
- Toll - free access to all services 1 - 866 - 568 - 6720. (Call MD becomes Effective after the first 30 days of your VBA Membership)



*Discount Benefits are Not Insurance and are not available in all states
VBA Benefits are VBA only and are not offered through the United States Life Insurance Company in the City of New York*


Value Benefits of America Membership also Includes⁽³⁾

24 HOUR Limited ACCIDENT BENEFITS

CLINIC

DOCTOR'S OFFICE

HOSPITAL

MAXIMUMS PER ACCIDENT PER INSURED MEMBER	BENEFITS	DEFINITIONS
ACCIDENTAL DEATH & DISMEMBERMENT ⁽¹⁾	\$2,500	<p>Accident means a sudden, unexpected event occurring to the Covered Person. Injury means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The injury must be caused through accidental means. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single injury. Accident Medical Expense Benefits are excess of other coverage.</p>
DEDUCTIBLE 	\$0	
HOSPITAL CONFINEMENT (INPATIENT)	\$500	
PHYSICIAN'S SERVICES (NO SURGERY)	\$500	
SURGERY (INCLUDES ASSISTANT SURGEON & ANESTHESIOLOGIST)	\$500	
LABORATORY SERVICES	\$200	
AMBULANCE SERVICES	\$200	
X - RAY & IMAGING SERVICES	\$100	
EMERGENCY ROOM SERVICES ⁽²⁾	\$100	
MAXIMUM PAID PER COVERED ACCIDENT	\$2,000	

⁽¹⁾ Accidental Death & Dismemberment benefit for spouse and dependents are lower than amounts shown. ⁽²⁾ Limit 3 Emergency Room visits per calendar year. ⁽³⁾ As a member of Value Benefits of America you will be provided with a Certificate of Insurance issued to Value Benefits of America, Inc. for the Limited Accident Benefits described above, with Exceptions & Limitations included. Underwritten by The United States Life Insurance Company in the City of New York Policy Form Series G-19,000.

VBA Terms and Conditions

- Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company or the insurance company issuing the blanket coverage to Members.
- VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.
- Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.
- Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.
- VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.
- In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.
- Membership cancelled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.
- Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form on the reverse side, Member expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverages. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may be changed for all members, but not individually, with notification.

VBA Benefits are VBA only and are not offered through the United States Life Insurance Company in the City of New York

FOR HOSPITAL CONFINEMENT INDEMNITY COVERAGE UNDER GROUP POLICY FORM G-19000.

Policy Holder:

Value Benefits of America

Applicant Name: (Last, First, M.I.)

Date of Birth:

Place of Birth:

Age:

Sex:

Social Security Number:

Home Address: (Include number & street, city, state and zip code)

Mailing or Billing Address: (if other than Home Address)

Home Phone:

Work Phone:

Email Address:

Occupation:

DEPENDENT COVERAGE: I wish to apply for coverage for my following dependents:

Last, First, M.I.

Relationship:

Date of Birth:

Age:

Sex:

Social Security Number:

(1)

(2)

(3)

(4)

(5)

BENEFITS BEING APPLIED FOR:**(check one)****Basic*****Value Guarantee****Plus******Value Guarantee****Diamond*******Value Guarantee**

Physician's Office Benefits per Call.....

\$75 each**\$75 each****\$75 each**

Daily Hospital Confinement Benefits.....

\$250 per day**\$750 per day****\$1,000 per day**

ICU / Coronary Care Unit Confinement Benefits.....

\$750 per day**\$2,250 per day****\$3,000 per day**

Maximum Surgical Benefits per Schedule.....

\$8,000**\$8,000****\$8,000**

Maximum Anesthesiology Benefits per Schedule.....

\$1,600**\$1,600****\$1,600**

Maximum Ambulance Transportation Benefits.....

\$100**\$100****\$100**

Maximum Emergency Accident Treatment Benefits.....

\$75**\$75****\$75****I understand I am applying to be insured by the plan checked above.****INITIALS:** _____

*Option 1 **Option 3 ***Option 4

REGARDING OTHER COVERAGE:**PLEASE NOTE: THIS COVERAGE IS NOT MEANT TO BE A REPLACEMENT FOR COMPREHENSIVE BENEFITS UNDER A HEALTH INSURANCE PLAN OR HEALTH MAINTENANCE ORGANIZATION (HMO) PLAN AND THIS IS NOT A COMPREHENSIVE PLAN.****PREMIUM:**

Insurance Premium \$ _____ plus Monthly Administrative Fee.

Payment Mode ☐ Monthly Bank Draft ☐ Monthly List Bill (2 or more) ☐ Quarterly ☐ Semi-Annual ☐ Annual**I HEREBY APPLY** for coverage as indicated on this form. I have read or had read to me the completed form. To the best of my knowledge and belief, the answers to the questions contained in this application are true and complete.**WARNING:** Any person who, with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.

Dated at: _____ this _____ day of _____, 20 _____

Signature of Applicant: **X** _____ date signed _____Print Agent's Name: **Roy Hutchison** Agent's Number: _____

Value Plans Consumer Form

Each applicant who purchases the Value Health USA, Value Health, Value Guarantee, Value Hospital or Value Guarantee Plans must read & complete this form.

Please Print

Applicant's Name _____ **Agent's Name** _____

Applicant's Initials _____

1. The agent explained the provisions showing benefits, waiting periods, limitations and exclusions.
I have received a Brochure for the plan for which I have applied.
The agent advised me to read certificate of insurance if issued. _____

2. Are you presently enrolled in COBRA? ☐ Yes ☐ No
- a. If yes, what date did you begin COBRA? _____
- b. If yes, you need to know that you may have rights under the Health Insurance Portability and Accountability Act (HIPAA), to more comprehensive coverage that is not offered by these plans. Please contact your state's Department of Insurance for an explanation of these rights.
- c. If yes, when does your COBRA terminate? _____
3. I understand that I may be eligible for insurance through a state health pool* or as a HIPAA eligible individual if I meet any of the following criteria:
- a. have at least 18 months of creditable coverage without a significant break in coverage;
- b. most recent coverage was under a group health plan, governmental plan or church plan;
- c. not eligible for Medicaid or Medicare;
- d. most recent coverage was not terminated due to non-payment of premium or fraud;
- e. did not decline offer to continue coverage under a state program or under COBRA;
- f. exhausted coverage under the elected continuation of coverage.

If you believe that you are an eligible person, you should contact your state's Department of Insurance for more information. _____

4. I understand that this plan does not offer Major Medical coverage, and the Policy(s) I am purchasing may have limited benefits. I know that this policy(s) does not cover everything and that I will be responsible for the balance of these costs. _____

5. Are you now covered under, or awaiting issuance of, any accident or health insurance? ☐ Yes ☐ NO
- If "Yes", please list ALL accident and health coverages now in force or pending insurance (include coverage name and form number if known), coverage type and benefit amount, and company name: _____

*AL, AK, AR, CO, CT, IL, IN, IA, KS, KY, LA, MN, MO, MS, MT, NE, NH, NM, ND, OK, OR, PA, SC, TX, UT, WA, WI, WY have high risk pools for eligible persons.

Applicant (Parent or Legal Guardian if Applicant is under 18)

Writing Agent

Signature

Signature

Agent #

Address

Roy Hutchison
Print Name

City

State

Zip

Bank Authorization, Payment Calculation, VBA Membership Enrollment

Required with ALL new Value Guarantee, Value Health USA, Value Health Plan, Value Hospital Plan & Value Med Plan Applications.

~1~ BANK DRAFT AUTHORIZATION AGREEMENT FOR AUTOMATIC MONTHLY PAYMENTS

I hereby authorize the indicated payee(s) below to charge my account the insurance premiums and fees due monthly.

☐ GEM ADMINISTRATORS (Value Health USA, Value Health Plan, Value Med Plan)

☐ UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA (UNL)
(Value Med Plan in AR, ID, IL, MO, NE, NV, NM, ND, OK, SD, TX, UT & WV)

☐ GUARANTEE TRUST LIFE INSURANCE COMPANY (GTL)
(Value Med Plan in approved states not listed above)

I understand my account will be charged once each month for the total amount shown as due for my monthly premium and fees for the term of the policy of insurance issued to me. I understand that if a charge to my account is not honored, my insurance coverage could lapse. I further agree that you will not be under any liability for any dishonored electronic withdraws from my account, for any reason, even though the dishonor results in the forfeiture of benefits or membership. If any ACH item is dishonored, I authorize any additional returned check fees resulting from said dishonored check, to be charged to my bank account. I understand that if I wish to cancel my coverage, I must inform the named insurance company above or GEM Administrators of such cancellation within 30 days of the withdrawal date. Please charge my monthly premium and fees against the following account.

Name of Depositor, as it appears on the Bank Institution's Records

Account Number Routing / Transit Number

Name of Banking Institution Branch

Address City State Zip

X

Authorized Signature

Date Signed

MAKE CHECK(S) PAYABLE TO THE AUTHORIZED PAYEE INDICATED BELOW

~3~ PAYMENT CALCULATION

A) INDICATE PAYMENT METHOD

☐ Monthly Bank Draft

☐ Quarterly †

☐ Annual †

☐ Monthly List Bill

☐ Semi-Annual †

B) ENTER AMOUNTS	Value Guarantee or Value Health USA	Value Health Plan	Value Hospital Plan	Value Med Plan
1. Applicant	\$	\$	\$	\$
2. Spouse	\$	\$	\$	\$
3. Child (Rates are per child for USA, Health & Hospital) # of children x amount per child =	\$	\$	\$	\$
4. VBA Monthly Fees (VBA Classic Membership is required if not a current VBA Member)	Included on Rate Sheet	\$5.00	\$5.00	\$5.00
5. Monthly Admin Fee	\$20.00	\$15.00	\$7.50	N/A
6. Total Monthly Due †	\$	\$	\$	\$
C) IMPORTANT PAYMENT INSTRUCTIONS	MAKE CHECK PAYABLE TO GEM ADMINISTRATORS			Make Check Payable to GTL or UNL

* Minimum for Monthly List Bill is 2 on Value Health or Value Hospital or 5 on Value Med.

** You can purchase only one AIG Product, either Value Health USA, Value Health or Value Hospital

*** If you have purchased another level of VBA Membership, the \$5.00 monthly dues are waived.

I have purchased another level of VBA Membership. ☐ Yes ☐ No

† For Quarterly, Semi Annual or Annual payment modes, see below:

Value Health USA, Value Health or Value Hospital: Quarterly multiply total by 3, Semi-Annual multiply total by 6, and Annual multiply total by 12. VALUE MED PLAN: Quarterly, Semi-Annual - See brochure for rates (Add \$30 VBA dues if not already a member.) Annual - See brochure for rates. (Add \$60 VBA dues if not already a member.)

VBA / Value Health USA / VHP / Value Hospital Plan / VMP FORM 281 (Revised 11/08)

~2~ VALUE BENEFITS OF AMERICA MEMBERSHIP ENROLLMENT FORM

Print Primary Member Name: _____

I agree to the Value Benefits of America terms and conditions as listed on this form

X

Signature of Primary Member

Date Signed

About Value Benefits of America Classic Membership:

Classic Benefits include over 400 major chains on-line in over 50 shopping categories, including everything from major department stores to specialty retailers to boutiques. In addition to earning rewards up to 25% shopping at participating on-line merchants, you can also receive point of sale discounts up to 50% from leading national retailers. Point-of-sale discounts are available on brand name merchandise, travel services and entertainment, including savings on movie tickets, movie rentals and at theme parks nationwide. You'll also enjoy savings of up to 60% dining at fine restaurants nationwide with discounted dining certificates, and the savings don't stop there. Included at no charge are discounts at over 55,000 pharmacies for your prescription drugs as well as lab tests and x-ray imaging services. Complete details of membership benefits are provided at www.VBAmembers.com.

VBA Terms & Conditions

1. Member understands that VBA is not an insurance company or program. Insured Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage to Members.

2. VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.

3. Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.

4. Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.

5. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts, or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.

6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.

7. Membership cancelled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.

8. Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement: By signing the enrollment form, Member expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership may include certain limited supplemental insured coverage's. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may be changed for all members in that class but not individually, with notification.

Please mail completed forms and your check(s) to:

INSURANCE SERVICES OF AMERICA, INC.
1757 E BASELINE RD, STE 126
GILBERT, AZ 85233

INSURANCE SERVICES OF AMERICA 113641

Marketed By

GAC #