

Membership Agreement Part One

This application, along with Part II in your fulfillment kit, will serve as your membership agreement. Please keep the bottom half for your records. Fax applications to (866) 271-5344, or mail to Ehealthdiscountplan.com, P.O. Box 102, Narberth PA 19072. To apply by phone, call (610) 636-6786.

STEP ONE: CONTACT INFORMATION

LAST NAME	FIRST NAME	INITIAL
ADDRESS	CITY, STATE, ZIP	HOME PHONE
WORK PHONE	EMAIL ADDRESS	DATE OF BIRTH
SPOUSE'S NAME (IF INCLUDED)	DATE OF BIRTH	
CHILDREN'S NAMES (IF INCLUDED) 1. 2. 3. 4.	DATE OF BIRTH	

STEP TWO: CIRCLE BILLING CYCLE AND FEES. A ONE-TIME, NON-REFUNDABLE \$20.00 PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

MONTHLY FEE \$29.95	ANNUAL FEE \$269.00
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STEP THREE: BILLING INFORMATION—Processing will be delayed on applications received without a form of payment. I will pay by:

Credit card—Mark one: Visa Mastercard American Express Discover

Account # _____ Expiration Date _____

Automatic bank draft—please include a voided check with application.

Bank/Institution Name _____

Name of account holder _____

Routing # _____ Account # _____

Use enclosed check (not available for monthly options)

For office use only	Group Code	PREMIERTC	Agent Code	TONYNO	Mkt Code	Eff Date
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MEMBERSHIP AGREEMENT PART ONE--Tear this off and keep for your records.

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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 are agreeing to the terms and conditions of the plan and adopting it for a minimum of one year. 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 International reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have 45 days from the date you join to use the plan risk-free. If for some reason within 45 days you are dissatisfied with the plan and wish to cancel and obtain a refund of any membership fees paid, please send a cancellation letter and a request for refund with your name and member number to Member Services, CAREINGTON International at 7400 Gaylord Parkway, Frisco, Texas 75034. If CAREINGTON International is billing you quarterly, semi-annually or annually, CAREINGTON International will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by CAREINGTON International Corporation. 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 usual and customary fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each FORM CODE CICAPP