



BUCKCARD BENEFITS SELECTION FORM - fill out the following fields to receive your BuckCard

PURCHASER INFORMATION

Name _____ Phone _____

Email _____ Mailing Address _____

PROGRAM SELECTION - You may select 1 or more packages or programs (see descriptions on reverse)

- | | |
|--|---|
| <input type="checkbox"/> 1-800MD 24/7 DOCTOR ON-CALL
\$9.95/month | <input type="checkbox"/> MOST POPULAR BENEFITS 2 PACKAGE
\$12.95 |
| <input type="checkbox"/> AETNA DENTAL ACCESS®
\$4.95/month | <input type="checkbox"/> DISCOUNT HEALTH CARE PACKAGE
\$16.95/month |
| <input type="checkbox"/> FAMILY FUN PACKAGE
\$11.95/month | <input type="checkbox"/> BASIC HEALTH CARE PACKAGE
\$14.95/month |
| <input type="checkbox"/> MOST POPULAR BENEFITS 1 PACKAGE
\$16.50/month | <input type="checkbox"/> LEGAL & FINANCIAL SECURITY PACKAGE
\$16.50/month |

Total Monthly Deductions _____

PAY BY CREDIT CARD

I HEREBY AUTHORIZE BuckCard to debit my credit or debit card using the account information below. I agree that the total fee shall be deducted around the 20th of each month prior to the due date. I authorize my credit or debit card financial institution to honor those payments. I agree that such payments will continue until my account is cancelled or modified. I also agree to pay a one-time \$4.95 application fee.

Card Holder _____ Card Number _____

CVC Code _____ Expiration Date _____

PAY BY CHECKING OR SAVINGS ACCOUNT

- Checking Account Savings Account

I HEREBY AUTHORIZE BuckCard to initiate fund transfers from the financial institution indicated below and authorize my financial institution to honor those transfers. Please debit my total fee per month on the 20th of each month prior to my due date. I agree that such debits will continue until my account is cancelled or modified. I also agree to pay a one-time \$4.95 application fee.

(PLEASE INCLUDE YOUR FIRST 2 MONTHS PAYMENT WITH VOIDED CHECK)

Account Holder _____

Name of Bank (include city and state) _____

Routing Number (bottom left side of the check) _____ Account Number _____

I understand the amount from my elections will be deducted from my credit card, debit card, or bank account.

1. Benefits will begin on the 1st of the next month. You will receive an electronic receipt.
2. Subsequent payments will automatically be processed on the 20th of the month, prior to the next month.

Sign Here _____ Print Name _____

Date _____

**RETURN FORM TO PO BOX, JASPER, GA 30143,
FAX TO 888-308-6009, OR EMAIL TO ORDERS@BUCKCARD.COM**

BUCKCARD BENEFIT INFORMATION

1-800MD 24/7 DOCTOR ON-CALL

AETNA DENTAL ACCESS®

FAMILY FUN PACKAGE

- Dining Discounts + Restaurant.com
- Entertainment Publications Online SaversGuide
- CashBack Rewards Mall
- Movie Discounts

MOST POPULAR BENEFITS 1 PACKAGE

- 1-800MD 24/7 Doctor On-Call
- LifeLock Identity Theft Protection
- Dining Discounts + Restaurant.com

MOST POPULAR BENEFITS 2 PACKAGE

- Nurse Hotline
- Roadside Assistance
- Pet Veterinarian Discounts

DISCOUNT HEALTH CARE PACKAGE

- 1-800MD 24/7 Doctor On-Call
- Aetna Dental Access
- Coast to Coast Vision
- Hearing Discounts
- Vitamin & Diabetic Supply Discounts
- Retail & Mail Order Pharmacy Discounts
- Chiropractic Discounts
- Alternative Medical Care
- Personal Medical Advisor (Health Advocate)
- Discounted Surgery (Medical Tourism)
- Nurse Hotline
- Personal & Family Telephonic Counseling

BASIC HEALTH CARE PACKAGE

- 1-800MD 24/7 Doctor On-Call
- Aetna Dental Access
- Coast to Coast Vision
- Emergency Medical Evacuation

LEGAL & FINANCIAL SECURITY PACKAGE

- LifeLock Identity Theft Protection
- Financial Helpline
- LegalEASE

AFTER SIGNING UP

- The programs you have signed up for will become effective the 1st of the following month.
For example, if you signed up and returned your form on November 6, the programs will be effective December 1.
- You will receive a membership kit with details on the benefits you selected, as well as two membership cards for your family

GENERAL DISCLOSURES

This plan is NOT insurance.

This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with this discounts plan organization. This discount card program contains a 30-day cancellation period. FL, LA, MD, MS, ND, OK, RI, SC, SD and TX Residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN Residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MA Residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L.C 111M and 956 CMR 5.00. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and speciality of each program provider located in the cardholder's service area. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: www.locateproviders.com.

BENEFIT DISCLOSURES

Dental, Chiropractic, and Vision benefit is not available to VT residents. No benefit is currently available to KS, UT and WA residents. The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.