

Association of Retired Americans Membership Application for ARA Ultimate Plan



1. FILL IN THE INFORMATION REQUESTED:

Please Print	Application Date		Current ARA #:		
	Date of Birth		Sex: Male	Female	
	First Name		Middle Initial		
	Last Name				
	Address				
	City		State	Zip	
	Daytime Phone		Evening Phone		
	E-Mail				

2. SPOUSE INFORMATION:

Name _____ DoB: _____ Spouse _____
(First Name, Last Name plus Middle Initial)

3. CHOOSE YOUR BILLING OPTION:

If you choose the monthly installment, there is a \$2.50 per month fee for your ARA annual membership.

Ultimate Plan =

Annual Payment of \$120.00
(plus a one-time set up fee of \$29.95 = \$149.95 total first year)

or

Monthly Installments of \$8.45
(plus your \$2.50 ARA membership dues and a one-time set up fee of \$29.95 = \$40.90 total first month.)
 (\$10.95 total for 2nd & subsequent months.)

I have read the terms and conditions and wish to purchase the discount medical plan.

4. SELECT YOUR METHOD OF PAYMENT:

VISA
 MasterCard
 Discover
 Bank Draft (see other side)

Acct.#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration:

--	--	--	--	--	--	--	--	--	--

Month

Year

Zip code of the mailing address on credit card

Charge my credit card/MONTHLY
 Charge my credit card/ANNUALLY
 Check or money order enclosed

I hereby authorize American Insurance Administrators, LLC, as administrator for the Association of Retired Americans, to charge my credit card account designated above for the amount of my annual membership fee, payable as a single annual payment or in monthly installments, as indicated. I further agree that should I desire to terminate or change my membership plan, I will notify American Insurance Administrators, LLC at 2650 McCormick Dr., Clearwater, FL 33759 in writing at least 15 days prior to the anniversary of the date of this application. I understand this authorization remains in effect until terminated by me.

Customer Signature (sign here for credit card authorization)

Association of Retired Americans Application for Upgraded Benefits **BANK DRAFT AUTHORIZATION FORM**

Applicant's Name

Current ARA Number

Name of Financial Institution

Address of Financial Institution

Routing & Transit Number

Account Number

I hereby authorize American Insurance Administrators, LLC, as administrator for the Association of Retired Americans, to draft my bank account designated above for the amount of my annual membership fee, payable as a single annual payment or in monthly installments, as indicated. I further agree that should I desire to terminate or change my membership plan, I will notify American Insurance Administrators, LLC at 2650 McCormick Dr., Clearwater, FL 33759 and the above named bank in writing at least 15 days prior to the anniversary of the date of this application. I understand this authorization remains in effect until terminated by me.

Name on Bank Account

Signature of Bank Account holder

Date Signed

Paying: Monthly Installments or Annually

ATTACH A VOIDED CHECK TO ACTIVATE

DISCLOSURES:

THIS IS NOT INSURANCE. THIS MEMBERSHIP CARD PROGRAM CONTAINS A 30 DAY CANCELLATION PERIOD.

I acknowledge that this application for membership in the Association of Retired Americans was not offered or accepted as an inducement for anything other than the benefits and services as stated in the membership brochure in effect on the date of this application. I agree to return all membership materials prior to terminating my ARA membership.

A member benefits kit will be delivered to you in about 7 to 14 days from receipt of application.

SIGN HERE: _____

(Signature required)

Producer Signature

Producer Agent Number

Print Producer Name

Producer Address:

Street City State Zip Code

Producer home Phone:

Producer Mobile Phone:

Producer E-mail:

Visit: www.ARAcares.com