

Association of Retired Americans Application for Annual Membership



1. FILL IN THE INFORMATION REQUESTED:

Please Print

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

2. LIST OTHER MEMBERS OF YOUR HOUSEHOLD: (Please circle one)

Name _____ DOB: _____ Spouse Child Parent other
(First Name, Last Name plus Middle Initial)

Name: _____ DOB: _____ Spouse Child Parent other
(First Name, Last Name plus Middle Initial)

3. SELECT MEMBERSHIP PLAN:

Basic Plan

Ultimate Discount Plan - ***\$2.50/month or \$30.00/year is allocated to your ARA annual membership**

4. CHOOSE YOUR ANNUAL MEMBERSHIP FEE: (based on membership plan selected above)

Basic Plan = \$30 annually (No set-up fee)

Ultimate Discount 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 \$10.95 (plus a one-time set up fee of \$29.95 = \$40.90 total first month)

-Includes Discounts through Careington *Also includes \$2.50 fee

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

5. SELECT YOUR METHOD OF PAYMENT:

VISA MasterCard Discover Bank Draft (see other side)

Acct.#

Expiration:

Month Year Security Code Zip Code of the mailing address on the Credit Card

Please charge my credit card for the monthly installment amount.

Please charge my credit card for the annual payment amount.

Check or money order enclosed.

Customer Signature (Sign here for Credit Card Authorization)

Association of Retired Americans Application for Annual Membership **BANK DRAFT AUTHORIZATION FORM**

Applicant's Name

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 2536 Countryside Blvd., Suite 501, Clearwater, FL 33763 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:

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing American Insurance Administrators, LLC, as administrator for the Association of Retired Americans, to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify American Insurance Administrators, LLC or The Association of Retired Americans of request to cancel. 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: American Insurance Administrators, LLC, as administrator for the Association of Retired Americans and Careington International Corporation (**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 30 days after the 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. American Insurance Administrators or The Association of Retired Americans will accept and cancel plan 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 American Insurance Administrators, LLC at 2536 Countryside Blvd., Suite 501, Clearwater, FL 33763 or fax to: 1-317-915-2510. You may also submit cancellation by email: ara@ara-usa.org If American Insurance Administrators, LLC is billing you quarterly, semi-annually or annually, American Insurance Administrators, LLC 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 respective 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: American Insurance Administrators, LLC at 2536 Countryside Blvd., Suite 501, Clearwater, FL 33763. You have the right to request an appeal if you are dissatisfied with the complaint and/or grievance resolution. After completing the complaint resolution and appeal processes, 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.

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