



Member Insurance Program

Please print and return to: Best Benefits, 8770 W Bryn Mawr, Suite 1000, Chicago, IL 60631

# ACS DISCOUNT MEDICAL PLAN APPLICATION

Please answer all questions and print clearly

## PRIMARY MEMBER

Full Name: \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State (or Province): \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### CHOOSE A PLAN

<input type="checkbox"/> <b>SILVER PLAN</b> Dental, Vision, Hearing, Chiropractic Care, Prescription Drugs  801202	<b>\$4.15</b> per month
<input type="checkbox"/> <b>GOLD PLAN</b> Dental, Vision, Hearing, Chiropractic Care, Prescription Drugs, 24 Hour Nurse Helpline, Telemedicine, Diabetes Care, Vitamins & Nutritional Supplements  801203	<b>\$7.50</b> per month
<input type="checkbox"/> <b>PLATINUM PLAN</b> Dental, Vision, Hearing, Chiropractic Care, Prescription Drugs, 24 Hour Nurse Helpline, Telemedicine, Diabetes Care, Vitamins & Nutritional Supplements, Complimentary/Alternative Medicine, Podiatry Plan, Online Wellness Improvement Plan  801204	<b>\$9.30</b> per month

### CHOOSE A METHOD OF PAYMENT

#### Bank Draft

I have provided a voided check and with my signature below I authorize Best Benefits to automatically draft my bank account each month in the amount of plan selected.

Bank Routing: \_\_\_\_\_

Account #: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

#### Credit Card

By signing below I authorize Best Benefits to charge my credit card account each month in the amount of plan selected.

MasterCard  Visa  Discover  American Express

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**This plan is NOT insurance.**

**FOR CUSTOMER SERVICE CALL: 800-308-0374 and reference promo code 801202**

This is not a qualified health plan under the Affordable Care Act. For MA residents: This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M 956 CMR 5.00. *This plan is NOT a medicare prescription drug plan.*

The plan provides for discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. The range of discounts will vary depending on the provider type and services provided. This plan is administered by Coverdell & Company, Inc., a discount medical plan organization at 8770 W. Bryn Mawr, Suite 1000, Chicago, IL 60631, 1-800-308-0374. To view a list of participating providers, please visit [www.findbestbenefits.com](http://www.findbestbenefits.com) and enter promo code 801204. You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid. This plan is not available in AK, FL, RI, UT, VT, WA.