

Value Benefits of America Enrollment Form

24 Hour Accident Coverage - \$2,000 Coverage Individual \$32.95 Monthly

Member

Gender: Female

First Name: MARKEILA Initial: J Last Name: JAMERSON

Social Security # (Required): _____ Age(max 69): 30 Date of Birth: 09/08/1986

Home Phone: 352-497-7834 Work Phone: _____

Email Address for Fulfillment and correspondence:

markeilajamerson28@gmail.com

Occupation: NURSE

Address: PO BOX 1087 City: CITRA State: FL Zip: 32113

Credit Card Information

VBA AUTHORIZATION TO CHARGE MONTHLY CREDIT CARD

I hereby authorize **VBA** to charge my credit card the total amount due monthly.

I understand my account will be charged once each month for the total amount shown as due for my monthly premium and fees for the term of the policy of insurance issued to me. I understand that if I wish to cancel my coverage, **I must inform VBA** of such cancellation within 30 days of the withdrawal date. Please charge my monthly cost and fees against my account.

INITIAL PAYMENT: \$32.95. Monthly Payment of \$32.95 each month thereafter

Card No.: *****6192

Signature On FILE: /MARKEILA J JAMERSON/

VBA Terms and Conditions

1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage to Members.
2. VBA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our website or sent via e-mail, will keep Members up to date on benefits and other pertinent information.
3. Payments for the VBA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to VBA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees.
4. Member hereby appoints, Value Benefits of America Association (VBA) President, or failing this person, a VBA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the

member in respect of all matters that may properly come before the meeting of the members of VBA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August.

5. VBA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to VBA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement will apply.
6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County.
7. Membership canceled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to VBA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after cancellation.
8. Membership is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form on online, Member expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverage's. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may change for all members, but not individually, with notification.

I Agree to the terms and conditions of VBA Membership.

/MARKEILA J JAMERSON/

Member Signature

11/30/2016

Date

Representative: (print name) Lisa McConville

Representative Number: 129964

Representative Form Number: _____

Representative Phone Number: 844-711-8989