



INDIVIDUAL APPLICATION

Group Number: NB9297CY | Group Name: LANJ

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ____/____/____

Email: _____ Phone: _____ - _____ - _____

Male Female

Company: _____

DEPENDENT INFORMATION

First and Last Name	Gender	Date of Birth:
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COVERAGE SELECTIONS

Plan Name: _____ Plan Price: \$ _____

CONFIRMATION

I authorize New Benefits to initiate debit entries electronically to my account indicated above and I authorize the depository institution named above to debit same to such account. This authorization remains effective and in full force until New Benefits has received notification from me of its termination in such time and in such manner to afford New Benefits and the depository/institution a reasonable opportunity to act on it.

Signature: _____ Today's Date: _____

Your membership is effective upon receipt of membership materials. This plan is NOT insurance. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This discount card program contains a 30 day cancellation period. Member shall receive a full refund of membership fees, excluding registration fee, if membership is canceled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is canceled within the first 30 days. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309. Telehealth operate subject to state regulations and may not be available in certain states. Consults are not available outside of the U.S. Not available to residents of KS, UT, VT, WA. Pharmacy discounts range from 10% to 85% on most medications.