

24 Hour Benefit Package

\$10,000

Accident Medical Coverage
For each covered family member



\$4,000

Emergency Air Ambulance
For each covered family member
WORLDWIDE!

\$10,000

**Accidental Death
& Dismemberment**

For each covered family member

\$500

**Personal Car or Truck
Deductible Reimbursement**

***PLUS Many Other
Valuable Benefits***

The Dividend Club

**Earn Quarterly Dividends
From Top National Retailers**

**Accident
Disability Income**

For Primary Member

Optional Medical Savings Package

SAVE UP TO 50% OR MORE!

Doctor Discounts – Over 600,000 Affiliated Doctors & Clinics

Hospital Discounts – Savings Up To 50% Or More

Dental Discounts – Over 20,000 Participating Dentists

Chiropractic Discounts – Over 12,000 Participating Chiropractors

Alternative Medicine – Over 8,000 Participating Providers

Premier Membership Benefits Plan

\$10,000.00 Accident Medical Coverage - Any Doctor, Emergency Room, Clinic or Hospital

Benefits are subject to a \$250 deductible per accident per covered family member. Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment. Benefits are excess of other coverage and are underwritten by an Excellent Rated Carrier by AM Best.

\$4,000.00 Emergency Air Ambulance Including Helicopter -Worldwide Coverage

Most medical plans only cover ground ambulance. If, as a result of injury, a member incurs covered expenses starting within 90 days from the date of the accident causing the injury, we pay, with no deductible and not to exceed the overall maximum benefit amount of \$4,000.00, for Air Ambulance Transportation Only. Emergency Air Ambulance benefits are underwritten by a Superior Rated Carrier by AM Best.

\$10,000.00 Accidental Death & Dismemberment - 24 Hour Coverage

If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, we will pay \$10,000.00 for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits. Accidental Death & Dismemberment coverage is underwritten by an Excellent Rated Carrier by AM Best.

\$500.00 Auto and Truck Personal Deductible Reimbursement

Reimburses the deductible amount on a primary Automotive policy when a covered collision loss exceeds it to a maximum of \$500.00 up to twice annually. Underwritten by a Superior Rated Carrier by AM Best. This benefit becomes effective one month after the effective date of your VBA membership.

Weekly Disability Income for Accidents

If, as a result of injury, the primary member becomes totally disabled, as defined in your certificate of coverage, we will pay the weekly benefit amount of \$150.00. This benefit begins on the 15th day from the start of the continuous disability. We will pay this benefit amount for as long as the primary member is so disabled from any one accident, but not longer than the maximum number of 26 weeks. Partial disability benefit maximum period is 6 weeks. Disability benefits are underwritten by an Excellent Rated Carrier by AM Best

The Dividend Club

Value Benefits of America members will earn Dividends (paid quarterly to you) on Merchandise, Services, Travel & Entertainment when you shop from our On-line Mall and make a purchase. Choose from retailers like these, just to name a few, and get the dividends: Walmart.com, Target.com, BestBuy.com, CircuitCity.com, CompUSA.com, DisneyStore.com, OfficeMax.com, BrooksBrothers.com, Brookstone.com, Buy.com, EddieBauer.com, LizClairborne.com, FOA.com, FOSSIL.com, HotelDiscounts.com, Jcrew.com, etc.

Car Rental Services

Provides discounts at Alamo, National, Hertz, Avis & Budget rent a car.

iDine

America's Premier Dining Rewards Program and Hotel Discounts. Save up to 20% off every meal plus up to 15% off your hotel room rate.

Refund Sweepers

Free Merchandise, Bargains, On-line Coupons, Rebates, Sweepstakes & more.

Optional Non-Insurance Medical Savings Package features:

SAVE to 50% on Medical Services!

Optional Medical Savings Benefits are available one month following the effective date of your VBA Membership.

- **Guaranteed Acceptance**
- **No Age Restriction**
- **No Claim Forms**
- **No Deductibles**
- **No Limits On Use**
- **No Preexisting Conditions Excluded**
- **No Medical Exams Required**
- **You Even Save on Elective and Experimental Procedures**



(Optional Medical Savings Package continued)

Doctor Savings - Freedom of Choice - Over 600,000 Affiliated Doctors & Clinics

Physician Referral and Out-Patient Facilities: This program is not insurance. If you are uninsured or have a high deductible medical plan with no physician co-pay feature, you can use this program to save up to 50% or more. Patient Advocacy Service uses a database of over 600,000 primary care physicians and specialists including: Family Practice, Pediatrics, General Practice, OB/GYN, MRIs, Diagnostic Services, Laboratory Work, Orthopedics, Osteopaths, Podiatrists and many more... Your advocate contacts providers on your behalf before your treatment to assure maximum savings for you and your family.

Hospital Savings up to 50% or More

Hospital Savings Program - You now have access to cash savings of up to 50% or more for all non-covered and elective treatments at thousands of participating hospitals. You can save on: Hospital Room and Board, Medical Equipment, Operating Equipment, Radiology, Surgeon's Fees, Medical Diagnostics, Intensive Care and Nurses. This program is not insurance and is not intended to replace any medical insurance coverage you may presently have.

Dental Savings - Over 20,000 Participating Dentists

Dental Savings: Millions of Americans have no insurance coverage for this important health care service. You and your family now have access to up to 60% savings on dental procedures at over 20,000 participating dental providers throughout the country. You will immediately save on all dental procedures including: Root Canals, Endodontics, Orthodontics, Simple Extractions, Complete Dentures, as well as important dental maintenance services such as Regular Teeth Cleaning, Deep Cleaning, Periodic Oral Exams, X-Rays, Cavities and Amalgams. You can even save on Cosmetic Dentistry and Teeth Whitening. With this service, you don't have to worry about any deductibles or low maximums. You save from the first dollar with no limits.



Chiropractic Savings - Over 12,000 Participating Chiropractors

Chiropractic Savings: This program assures you and your family the ability to find qualified providers in your area not only for treatment of chronic problems, but also for regular preventative maintenance care. You now have access to a free initial consultation, 50% savings on diagnostic services and x-rays (if necessary), and unlimited treatments at 30% savings from a national network of over 12,000 chiropractors.

Alternative Medicine Savings - Over 8,000 Participating Providers

You and your family now have savings of 25% on fully credentialed national network of over 8,000 trained and qualified providers of Complementary and Alternative Medicine.

Please Detach, Complete and Return The Enrollment Form Below Along With Your Check or Credit Card Information.

Check Plan: Value Benefits of America (VBA) Premier Membership Enrollment Form

Individual - Monthly \$44.95* Family - Monthly \$58.95* Individual - Annually \$539.40* Family - Annually \$707.40*

*Includes \$4.95 Monthly Administrative Fee. Add Optional Package - Monthly \$10.00 Add Optional Package - Annually \$120.00

Primary Member last Name _____ First _____ Initial _____ Male Female

Social Security No. (required) _____ Age _____ Date of Birth _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

e-mail Address _____ Occupation _____

Family members: (spouse and dependent children to age 19 or full time student under age 25)

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NO.	SEX M/F

I agree to the terms and conditions of VBA Membership as listed in the brochure

SEE OTHER SIDE

X

MEMBER SIGNATURE

DATE

REPRESENTATIVE NAME:

REPRESENTATIVE NUMBER:

VBA Terms and Conditions

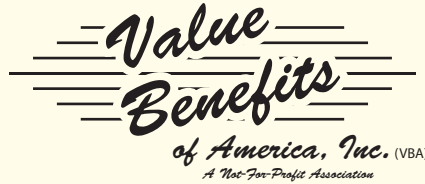
1. Member understands that VBA is not an insurance company or program. Accident Benefit Payments are made by the administrator for the insurance company issuing the blanket coverage to Members.
2. VBA provides savings to its members on services through a number of sources. The current list of benefits 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. 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.
5. 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.
6. In the event of any dispute, member agrees to resolve 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 is effective on the 1st of the month following enrollment acceptance by VBA.

Member Agreement:

By signing the enrollment form on the reverse side, Enrollee expresses desire to become a member of Value Benefits of America. Member acknowledges that the discount plans ARE NOT INSURANCE. Membership fees may be changed for all members, but not individually, upon 30 days notice.

Send completed enrollment form and check payable to VBA To:

**Value Benefits of America
Administration Office
15575 N 79th Place - #100
Scottsdale, AZ 85260**



The accident and vehicle coverage information contained herein is a brief summary only and is subject to all provisions, limitations and exceptions set forth in the Policy. Please refer to your outline of coverage for the exceptions and limitations. Payment will be for benefits described in your Synopsis of Coverage.

Marketing Office: (480) 596-6536 • FAX: (480) 596-6518 • E-mail: info@vbamembers.com

VBA AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

Name of Depositor as it appears on Banking Records			
Account Number	Routing/Transit Number	Name of Institution	Branch
Address	City	State	Zip
<p>As a convenience to me, I authorize you pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entry designated above or its legal representatives for membership.</p> <p>I agree that your treatment on each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if my check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of membership and all benefits thereof. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.</p>			
Signature of Depositor		Date	
Additional Signature (If joint account)		Date	

Payment Options (Check one)

- For Bank Draft Enclose a Check Payable to VBA
- Monthly – Bank Draft or Credit Card**
 - Annually – Check or Credit Card**
 - List Bill – 5 or More**

Billing will be 15 days before due date

CREDIT CARD INFORMATION

Charge my credit card \$ _____

Circle One:



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Expiration Date

Today's Date

Signature