

Discount Medical Plan Membership Agreement Part One

This application, along with Part II in your fulfillment kit, will serve as your membership agreement. Please keep the bottom half for your records. Fax applications to (877) 335-7811, or mail to CAREINGTON International Corporation, P.O. Box 2568, Frisco, TX 75034-9929, attention: Direct Marketing Department. (Dental/Vision)

STEP ONE: CONTACT INFORMATION

LAST NAME	FIRST NAME	INITIAL
ADDRESS	CITY, STATE, ZIP	HOME PHONE
WORK PHONE	EMAIL ADDRESS	DATE OF BIRTH
SPOUSE'S NAME (IF INCLUDED)	DATE OF BIRTH	
CHILDREN'S NAMES (IF INCLUDED) 1. 2. 3. 4.	DATE OF BIRTH	

STEP TWO: CIRCLE BILLING CYCLE AND FEES. A ONE-TIME, NON-REFUNDABLE \$20.00 PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

MONTHLY FEE \$11.95	ANNUAL FEE \$108.00
---------------------	---------------------

STEP THREE: BILLING INFORMATION—Processing will be delayed on applications received without a form of payment. I will pay by:

Credit card—Mark one: Visa Mastercard American Express Discover

Account # _____ Expiration Date _____

Automatic bank draft. Signature: _____ I authorize CAREINGTON to bill my debit/credit card or checking account for this discount plan; it will remain in force until I notify them in writing to cancel.

Bank/Institution Name _____

Name of account holder _____

Routing # _____ Account # _____

Use enclosed check (not available for monthly options)

Office use only	Group Code	DV-DC	Agent Code	Mkt Code	Eff Date
-----------------	------------	-------	------------	----------	----------

FORM CICAPP

MEMBERSHIP AGREEMENT PART ONE--Tear this off and keep for your records.

BILLING CYCLE AND FEES. A ONE-TIME, NON-REFUNDABLE \$20.00 PROCESSING FEE IS REQUIRED WITH EACH APPLICATION.

MONTHLY FEE \$11.95	ANNUAL FEE \$108.00
---------------------	---------------------

Renewal Conditions: By joining a plan, you are authorizing CAREINGTON International Corporation to bill your credit card or checking account for the plan you have selected. This charge shall remain in force until you notify CAREINGTON International Corporation in writing of its cancellation. By joining, you indicate that 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: CAREINGTON International Corporation reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have 45 days from the date you join to use the plan risk-free. If for some reason within 45 days you are dissatisfied with the plan and wish to cancel and obtain a refund of any membership fees paid, please send a cancellation letter and a request for refund with your name and member number to Member Services, CAREINGTON International Corporation at 7400 Gaylord Parkway, Frisco, Texas 75034. If CAREINGTON International Corporation is billing you quarterly, semi-annually or annually, CAREINGTON International Corporation will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by CAREINGTON International Corporation. CAREINGTON International Corporation 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 International Corporation. CAREINGTON International Corporation 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. 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

DENTAL SERVICES WITH CAREINGTON *International* Corporation

- **20% to 60%** discount on most all dental procedures
- **20%** discount on complete dentures
- Orthodontia included at a **20%** discount; Cosmetic dentistry including bonding and veneers
- Over **54,000** providers nationwide

VISION DISCOUNTS WITH EYEMED

- **15-45%** discount on frames and lenses
- Discounts on exams, eyeglasses, and contact lenses
- **15%** discount on the retail price or **5%** off promotional price on LASIK and PRK surgery from U.S. Laser Network
- Over 40,000 providers nationwide with **Target, Pearle Vision, Sears Optical, LensCrafters**, and more

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 *International* Corporation** 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 *International* Corporation** 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 *International* Corporation** are solely responsible for the professional advice and treatment rendered to members and **CAREINGTON *International* Corporation** 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: Member Services, **CAREINGTON *International* Corporation** at 7400 Gaylord Parkway, Frisco, Texas 75034.

Disclosures:

1. **THIS PLAN IS NOT INSURANCE.**
2. The plan provides discounts at certain health care providers for medical services.
3. The plan does not make payments directly to the providers of medical services.
4. Plan members are obligated to pay for all health care services but will receive a discount from those healthcare providers who have contracted with the discount medical plan organization.
5. Discount Medical Plan Organization and administrator: **CAREINGTON *International* Corporation**, 7400 Gaylord Parkway, Frisco, TX 75034; phone 1-800-441-0380.

Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association. The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers.
*This plan is not available in Montana or Vermont.