

## Value Benefits of America Classic Membership Enrollment Form\*

Print Primary Member Name: \_\_\_\_\_

I agree to the Value Benefits of America terms and conditions as listed on the reverse side of this form.

Signature of Primary Member: **X** \_\_\_\_\_ Date Signed: \_\_\_\_\_

\*Classic Membership does not include Accident Medical, Emergency Air Ambulance or Accidental Death & Dismemberment Benefits.

Classic Benefits include over 400 major chains on-line in over 50 shopping categories, including everything from major department stores to specialty retailers to boutiques. In addition to earning rewards up to 25% shopping at participating on-line merchants, you can also receive point of sale discounts up to 50% from leading national retailers. Point of sale discounts are available on brand name merchandise, travel services and entertainment, including savings on movie tickets, movie rentals and at theme parks nationwide. You'll also enjoy savings of up to 60% dining at fine restaurants nationwide with discounted dining certificates, and the savings don't stop there.

### Payment Calculations For Members

<i>(Please insert NIA on dollar line when not purchasing that plan.)</i>	<input type="checkbox"/> Monthly Bank Draft	<input type="checkbox"/> Semi-Annual**	<input type="checkbox"/> Annual**	<input type="checkbox"/> Monthly List Bill
<b>VBA Classic Membership Level (Required) -----</b>	\$ 5.00*	\$ 30.00*	\$ 60.00*	\$ 5.00*
<b><u>VALUE HEALTH PLAN</u> -----</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Value Health Plan Only \$15.00 Monthly Admin Fee</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b><u>VALUE MED PLAN</u> -----</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL FOR ALL ABOVE -----</b>	\$ _____	\$ _____	\$ _____	\$ _____

\*\**(Semi-Annual = Monthly X 6, Annual = Monthly X12)*

*(List Bill Groups - Minimum of 2 with Value Health Plan. 5 or More otherwise)*

**\*If you have purchased another level of VBA Membership, the \$5.00 dues are waived.**

I have purchased another level of VBA Membership  Yes  No

**Make check payable to:  
GEM Administrators**

**Send all forms and checks to:  
Value Benefits of America  
15575 N 79th Pl - #100  
Scottsdale, AZ 85260**

### Bank Draft Authorization Form

GEM ADMINISTRATORS AUTHORIZATION TO HONOR CHECKS, SHARE DRAFTS, OR ACCOUNT DEBITS

---

Name of Depositor as it appears on Banking Institution Records

---

Account Number	Routing/Transit Number	Name of Banking Institution	Branch
----------------	------------------------	-----------------------------	--------

---

Address	City	State	Zip
---------	------	-------	-----

As a convenience to me, I authorize you to 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 entity designated above or its legal representatives for membership, benefits and/or premiums. I agree that your treatment of 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 any 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 benefits or membership. If any ACH item is dishonored, I authorize an additional returned check fee of the state allowable amount to be charged to my bank account. 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.

**X** \_\_\_\_\_ Date Signed: \_\_\_\_\_