



rltheall@worldsbest-insurance.com
Office 623-255-4033 • Line-2 623-505-6311 • Fax 623-691-8107

Value Benefits of America

a Not-For-Profit Association

Value Benefits of America Membership Including Accident Benefits

"It Pays to be a VBA Member!"

DIVIDEND Club



Save enough money each month while eating out to more than pay for your membership! Members save an extra **20%** on top of Restaurant.com's dining deals that are already as high as **60% off**.

You will Save Thousands of Dollars each year by shopping the hundreds of Dividend Club Merchants as a VBA Member. There are merchants and products for almost all you can imagine and need. See the list of Merchants by category at www.VBAMembers.com today

VBA Membership also brings discounts for both **DHL** and **FedEx Kinko's**



Enjoy a **30%** discount on copy services as well as a 10% discount on additional **FedEx Kinko's** products & services

Enjoy discounts up to **25%** on next day air, second day air and on standard ground shipping



VBA Membership includes discounts for both **Alamo** and **AVIS**. Take advantage of year-round savings! Avis offers Value Benefits of America great money-saving coupons on top of special rates!

Alamo offers year-round discounts and value-added promotions on leisure or business travel.



Go to www.VBAMembers.com for details on benefits and more!



24 HOUR ACCIDENT COVERAGE

DOCTOR'S OFFICE - CLINIC - HOSPITAL



| | BASIC \$34.95 / mo* | BASIC PLUS \$44.95 / mo* | BASIC PREMIER \$54.95 / mo* | PREMIER \$64.95 / mo* |
|----------------------------------------------|------------------------|-----------------------------|--------------------------------|--------------------------|
| ACCIDENT MEDICAL EXPENSE ➤ | \$2,500 | \$5,000 | \$7,500 | \$10,000 |
| DEDUCTIBLE | \$100 | \$100 | \$250 | \$250 |
| ACCIDENTAL DEATH & DISMEMBERMENT* | \$5,000 | \$5,000 | \$7,500 | \$10,000 |

Accident Medical Expense Benefits are excess of other coverage
 Accident Death & Dismemberment benefit for spouse and dependents are lower than amounts shown

*Standard monthly bank draft rates - Add \$3.00 monthly if paying by monthly credit card

EMERGENCY HELICOPTER AIR AMBULANCE - WORLDWIDE COVERAGE

Most medical plans only cover ground ambulance. If, as a result of injury, a member incurs covered expenses benefits will pay, with no deductible and not to exceed the overall maximum benefit of \$4,000.00, for Helicopter Air Transportation only.

Benefits are excess of other charges.

For New VBA Memberships with 24 Hour Accident Coverage



CALL MD™ and www.VBAMembers.com

DOCTOR CONSULTATIONS OVER THE PHONE

- **CALL MD**™ is the amazing new service available to VBA Members
- Save time at work or while at home when a doctor consultation is needed for you or your family members.
- Up to 6 consultations per year over the phone with a doctor for up to 10 minutes
- Over the phone prescriptions *†
- On-call registered nurse documents by tele-triage the current medical concern or issue 24 hours a day, seven days a week
- Electronic Medical record maintained in a highly secured internet accessible environment available to network doctors prior to consultation.
- Treatment information
- Toll-free access to all services

* Telephone Prescriptions Not available in NH, OK, FL & GA

† No DEA Controlled Substances or Narcotics Allowed

Go to www.gacquote.com and www.vbamembers.com for specific forms, plan details, exceptions & limitations

This brochure depicts only a summary of benefits and services provided. For complete details, including exceptions & limitations refer to Membership material.

Discount Benefits are Not Insurance and are not available in all states

Value Benefits of America Enrollment Form

✓ Check One:



- Option 1: Basic \$34.95* per Month (Individual or Family)
- Option 2: Basic Plus \$44.95* per Month (Individual or Family)
- Option 3: Basic Premier \$54.95* per Month (Individual or Family)
- Option 4: Premier \$64.95* per Month (Individual or Family)



Standard rate for paying by credit card add \$3.00 monthly to above rates. ***Includes \$9.95 Monthly Administrative Fee**



MEMBER

Last Name _____ First Name _____ Initial _____ Male Female

Social Security # (required) _____ Age (Max 69) _____ Date of Birth _____ Home Phone # _____ Work Phone # _____

Address _____ City _____ State _____ Zip _____

E-mail Address for correspondence _____ Occupation _____

FAMILY MEMBERS

(List spouse (maximum age 69) and dependent children to age 19 or full time student under age 25)

Beneficiary _____

| Name | Age | Date of Birth | Relationship | Social Security # | (Sex) M / F |
|------|-----|---------------|--------------|-------------------|-------------|
| | | | | | |
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I Agree to the terms and conditions of VBA Membership as listed on the reverse side of this form.

X _____

Member Signature

Date

VBA 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 representative for membership, benefits and/or insurance 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 insurance, benefits, or membership. 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 _____

Signature of Depositor _____ Date _____ Additional Signature (If joint account) _____ Date _____

Payment Options (Check one)

- Monthly Bank Draft or Credit Card (include voided check for bank draft)
- Monthly List Bill (2 or more)

Billing will be 15 days before due date.

Standard Rate add \$3.00 monthly if paying with Credit Card.

(Make payment Payable to VBA)

Representative: (print name) Robert L. Theall

Representative Number: 119244

Representative Phone Number: 623-505-6311

Form VBA - 3000 (03 / 2008)

CREDIT CARD INFORMATION

Monthly Payment Only

Payment Enclosed: \$ _____ VISA MasterCard

Card No.:

CVV Security Code from Back of Card _____

Expiration Date _____ Today's Date _____

Print Name of Cardholder _____

Signature of Cardholder _____

Discount Benefits are Not Insurance and are not available in all states

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 or 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 cancelled 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.
9. Call MD benefits are effective on the 1st of the month following your VBA Membership effective date. Member agrees that any disputes with Call MD benefits are to be resolved with Call MD at the principal office located at Americare Services, Inc., 2601 Network Boulevard, Suite 405, Frisco, Texas 75034. Member holds VBA harmless for all medical advice, care, treatment or lack thereof. VBA shall have no liability whatsoever for any indirect, consequential, exemplary, special, incidental or punitive damages.

Member Agreement:

By signing the enrollment form on the reverse side, 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 coverages. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may be changed for all members, but not individually, with notification.

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REPRESENTATIVE Robert L. Theall MGA



rltheall@worldsbest-insurance.com

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**SEND COMPLETED ENROLLMENT FORM AND PAYMENT
PAYABLE TO "VBA" TO THE FOLLOWING ADDRESS:**



**VALUE BENEFITS OF AMERICA
15575 NORTH 79TH PLACE
SUITE 100
SCOTTSDALE, AZ 85260**

This brochure depicts only a summary of services provided. For complete details, including exceptions & limitations, refer to Membership material.

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

Form VBA - 3000 (03 / 2008)