Discount Medical & Lifestyle Plan Application

Group #:4301

❑ **New Member** ❑ **Renewal**

Group Name: Universal Marketing Systems

Date ____/____/____

First Name _____ MI ___ Last Name _____ ☐male ☐female

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____)_____ Evening Phone (_____)_____e-mail:_____

PLEASE LIST ADDITIONAL FAMILY MEMBERS TO BE INCLUDED IN YOUR MEMBERSHIP:
(Spouse Card Fee: Free on original application / Dependent Card Fee: One time fee $1.00 on original application)

First Name	Birth Date	Sex	Relationship (Spouse/ Son / Daughter)	Last Name

❑ **Basic Package** ❑ **ANNUALLY $135.00**
Pharmacy – Retail and Mail Order, Dental, Vision, Hearing, Vitamins and Diabetic Supplies

❑ **Premier Package** ❑ **MONTHLY $14.95** ❑ **ANNUALLY $179.40**
Pharmacy – Retail and Mail Order, Dental, Nurse Hotline/Health Information Library, Roadside Assistance, Consult A Doctor™ (with no consult fee), Vision, Hearing, Vitamins and Diabetic Supplies

❑ **Premier Plus Package** ❑ **MONTHLY $22.95** ❑ **ANNUALLY $275.40**
Alternative Wellness, Chiropractic, LifeLock, Pharmacy – Retail and Mail Order, Dental, Nurse Hotline/Health Information Library, Roadside Assistance, Consult A Doctor™ (with no consult fee), Vision, Hearing, Pet Care, Vitamins and Diabetic Supplies

❑ **Everything Package** ❑ **MONTHLY $29.95** ❑ **ANNUALLY $359.40**
Condo Savings, Golf Savings, Hotel Savings, Alternative Wellness, Chiropractic, LifeLock, Pharmacy – Retail and Mail Order, Dental, Nurse Hotline/Health Information Library, Roadside Assistance, Consult A Doctor™ (with no consult fee), Vision, Hearing, Pet Care, Vitamins and Diabetic Supplies

All packages include a $10.00 non-refundable application fee.

TOTAL: _____

SELECT YOUR METHOD OF PAYMENT (check one)

☐ CHECK / MONEY ORDER Enclosed **(for annual payments only)**

☐ CASH

SIGN HERE _____
signature required

MAKE CHECKS PAYABLE TO:

DBA/Universal Marketing Systems
P.O. Box 52313
Tulsa, OK 74152-0313

Disclosures:**This Plan is not insurance.**
This plan provides discounts at certain healthcare providers for medical services**.** This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. **This contains a 30 day cancellation period.** Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309. Telephone number of Discount Medical Plan Organization: 800-800-7616. Internet website address to obtain participating providers, (**www.locateproviders.com** and enter 4301 under Groups). OK residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. Available only to Oklahoma and Idaho residents.