

Discount Medical Plan Application - Dental Only

Fax applications to (877) 335-7811 or mail to Careington, P.O. Box 2568, Frisco, TX 75034-9912, Attention: Operations

STEP ONE: CONTACT INFORMATION			
Last Name, First Name, Middle Initial			
Address	City, State, Zip		Home Phone
Work Phone	E-mail Address		Date of Birth
Spouse's Name (if included)		Date of Birth	
Children's Names (if included) DOB	Children's Names (if included) DOB	Children's Names (if included) DOB	Children's Names (if included) DOB

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

MONTHLY FEE	MEMBER + FAMILY <input type="checkbox"/> \$11.95	ANNUAL FEE	MEMBER + FAMILY <input type="checkbox"/> \$119.00
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STEP THREE: BILLING INFORMATION—Processing will be delayed on applications received without a form of payment. I will pay by:

- ACH/Draft***— Please mark one: Visa MasterCard American Express Discover
 *I authorize Careington to charge my account for initial and recurring membership fees.
 Account # _____ Expiration Date _____
 Name as it appears on card: _____
- Automatic bank draft Option*** — please include a voided check with application.
 *I authorize Careington to charge my account for initial and recurring membership fees.
 Name of account holder: _____ Bank Name: _____
 Routing # _____ Account # _____
- Payroll Deduction:** I authorize my employer to deduct fees from my payroll for the plan I have selected..
 Signature Required _____ Date _____

For office use only	Group Code DO-09	Agent Code	Mkt Code	Eff Date
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FORM CICDO-09

Tear this off and keep for your records

DESCRIPTION OF SERVICES:

Dental Discounts, Life Insurance Quotes, Financing Options

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

MONTHLY FEE	MEMBER + FAMILY <input type="checkbox"/> \$11.95	ANNUAL FEE	MEMBER + FAMILY <input type="checkbox"/> \$119.00
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Renewal Conditions: By joining a plan, you are authorizing Careington 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 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 reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less the processing fee, if applicable. **FL Residents:** You have the right to cancel within the first 30 days after effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Careington will accept and cancel program memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Member Services, Careington International Corporation, P.O. Box 2568, Frisco, TX 75034 or fax to 888-335-7330. You may also submit cancellation by email: member@careington.com. If Careington is billing you quarterly, semi-annually or annually, Careington will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description of Services: Please see the enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by Careington. Careington 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. Careington 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. You are obligated to pay for all health care services at the time of your appointment. 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 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

- Dental Discounts from Careington: Savings of 5% to 60% on most dental procedures, including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, crowns and more
- Life Insurance Quotes from Efinancial: Clients can now shop and compare life insurance quotes from the nation's top-rated carriers by providing life insurance quotes and fulfillment for their members. Efinancial works closely to assist members who are searching for affordable life insurance coverage
- Financing Options for Health Care Procedures from My Medical Loan. All offers and interest rebates are based on approved credit

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 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 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 are solely responsible for the professional advice and treatment rendered to members and Careington 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: Careington International Corporation, P.O. Box 2568, Frisco, TX 75034. All complaints or grievances are documented in the monthly Quality Assurance log along with the date and content of the complaint or grievance. Members have the right to request an appeal of the complaint and grievance resolution. Appeals will be sent to the Committee and will be entitled to a second review with different individuals. After completing the complaint resolution process and you remain dissatisfied, you may contact your state insurance department. **TX Residents:** All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

Disclosures:

THIS PLAN IS NOT INSURANCE. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*

This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at www.searchforaprovider.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after receipt of membership materials and receive a full refund, less a nominal processing fee (nominal fee for MD residents is \$5). Discount Medical Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The program and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This program is not available in Montana and Vermont. *Medicare statement applies to MD residents when pharmacy discounts are part of program.