

# IAB Membership Application

First Name	MI	Last Name	Dependent	Date of Birth	Age	Sex	Social Security #	
Date of Birth	Age	Sex	Social Security #	Dependent	Date of Birth	Age	Sex	Social Security #
Address	City	State	Zip	Dependent	Date of Birth	Age	Sex	Social Security #
Home Phone	Work Phone	e-mail Address		Dependent	Date of Birth	Age	Sex	Social Security #
Associate Name			Associate ID#					

I hereby apply for membership in IAB, I understand that I am entitled to certain benefits and services and that dues are required to be paid in order to maintain my membership. I understand that (1) the discount medical benefits are NOT INSURANCE and are not intended to replace or be a substitute for existing insurance; and (2) membership includes certain limited blanket group insured benefits. I have read and agreed to the "Terms and Conditions" on the back. INITIAL \_\_\_\_\_

Notice: IAB membership may be canceled within three days (72 hours) of the date you (the applicant) sign and full refund for any dues paid will be made. I am solely responsible for fees charged by provider.

I hereby designate and appoint the Secretary of IAB in office at any particular time and from time to time as my proxy and my agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on my behalf at any and all meetings of the members, to execute consents and to otherwise act for me in the same manner and with the same effect as if I were personally present. I authorize my proxy to substitute any other person to act under this proxy, to revoke any substitution, and to file this proxy and any substitution or revocation with IAB. I understand that this proxy is a voluntary designated appointment and that I have a right to receive all notices of meetings of members and to attend such meetings and vote thereat. In such event, I will notify the Secretary of IAB of my desires in this respect

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> <b>Elite Membership</b>	<input type="checkbox"/> <b>Premier PLUS Membership</b>	<input type="checkbox"/> <b>Premier Membership</b>	<input type="checkbox"/> <b>Classic Membership</b>	<input type="checkbox"/> <b>Signature Membership</b>
The Same Benefits as the Premier PLUS Membership <b>PLUS</b> Tele-Med Benefit Increased Hospital Indemnity Benefit Term Life Insurance Financial Help Line Emergency Roadside Assistance	The Same Benefits as the Premier Membership <b>PLUS</b> Increased Hospital Benefit Catastrophic Illness ICU / CCU (up to 20 days per confinement)	Physicians Hospitals and Medical Facilities Dental Care Chiropractic Hearing Aids Vision Care Pharmacy Legal Club Accidental Death & Dismemberment Travel Assistance Legal Club Accidental Medical Coverage Emergency Rescue Travel Assistance Accident Medical Coverage DHL Express Car Rental 24 Hour Nurse Line DHL Express Golf Access Hotel Access Amusement Park Long Term Care	Dental Care Chiropractic Hearing Aids Vision Care Pharmacy Legal Club Accidental Death & Dismemberment Travel Assistance Legal Club Accidental Medical Coverage Emergency Rescue Travel Assistance Accident Medical Coverage DHL Express Car Rental 24 Hour Nurse Line DHL Express Golf Access Hotel Access Amusement Park Long Term Care	Dental Care Pharmacy Diabetic Supplies Vision Care Chiropractic
<b>Elite Membership</b>	<b>Premier PLUS Membership</b>	<b>Premier Membership</b>	<b>Classic Membership</b>	<b>Signature Membership</b>
One Time Enroll. Fee \$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00
Monthly Mem. Fee \$ 149.95	\$ 119.95	\$ 89.95	\$ 59.95	\$ 39.95
<b>Total Initial Payment \$ 249.95</b>	<b>\$ 219.95</b>	<b>\$ 189.95</b>	<b>\$ 159.95</b>	<b>\$ 139.95</b>
<input type="checkbox"/> Includes Tele-Med	<input type="checkbox"/> Add Tele-Med	<input type="checkbox"/> Add Tele-Med	<input type="checkbox"/> Add Tele-Med	<input type="checkbox"/> Add Tele-Med
	Monthly \$ 20.95	\$ 20.95	\$ 20.95	\$ 20.95
<b>Total Initial Payment \$ 249.95</b>	<b>\$ 240.90</b>	<b>\$ 210.90</b>	<b>\$ 180.90</b>	<b>\$ 160.90</b>

**Payment Method**  Checking  Savings  Monthly Electronic Debit  Quarterly (MEDX3)  Semi-annual (MEDX6)  Annual (MEDX12)

**Bank Draft**

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Memo: <input type="text" value="060789430"/> <input type="text" value="00144076431"/>	Transit or Routing #: <input type="text" value=""/> Must be 9 digits
Routing Number <input type="text" value=""/> Account Number <input type="text" value=""/>	Account #: <input type="text" value=""/>

As a convenience to me, I hereby ask and authorize my Bank to charge my account, drafts or EFT notices drawn by IAB. This authorization will remain in effect until I revoke it in writing and until the Bank actually gets such notice. I agree that IAB shall be fully protected in charging such payments to my account. I agree that the IAB's treatment of and rights in respect to each such charge shall be the same as if it were signed personally by me. I further agree that if any such charge be dishonored, whether with or without cause and whether intentionally or inadvertently, IAB shall be under no liability whatsoever, even though such dishonor results in the forfeiture of membership in IAB. I have instructed IAB to send this authorization to my Bank.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Credit Card Payment**

MasterCard  Visa  American Express

Account #:

Expiration Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Received from \_\_\_\_\_ Date \_\_\_\_\_ the sum of \$ \_\_\_\_\_ for the one time activation fee and the sum of \$ \_\_\_\_\_ for month(s) dues for membership in IAB. You will receive your membership packet within 3 to 4 weeks. I understand my membership is NOT INSURANCE and should not be used to replace existing insurance or be used as a substitute for insurance.

**IAB Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Notice: IAB membership may be cancelled within three days (72 hrs) of the date you (the applicant) sign, and full refund for any dues paid will be made.  
 Note: This contract is not an insurance policy and is not protected by any State Life and Health Guarantee Association.

## MEMBER TERMS AND CONDITIONS

1. IAB Membership includes both insurance and noninsurance benefits.
2. All insurance matters are handled directly with licensed companies. IAB assumes no liability or risk with regard to insurance services and neither receives nor processes premiums or claims and receives no commission with regard to insurance processed.
3. Healthcare professionals providing healthcare services at managed care pricing receive no reimbursement from IAB. IAB assumes no liability or risk for payment for services to the healthcare providers.
4. IAB does not sell insurance. The IAB Membership is a program designed to reduce healthcare cost to people through networks of providers. Insurance matters are handled with licensed companies.
5. Members acknowledge that IAB is not a discount service organization and that equal or lower prices may be available in Members area of residence as to products and services offered to IAB Members.
6. IAB may change service providers at its sole discretion.
7. Membership is renewable monthly at option of Member. Non-payment will result in cancellation of Member Benefits. A member may cancel at any time by written notice to IAB.