

**Personal Information**  
(información personal):

First Name (nombre) \_\_\_\_\_ MI (inicial) \_\_\_\_\_ Last Name (apellido) \_\_\_\_\_

DOB (Fecha de nac.) \_\_\_/\_\_\_/\_\_\_ SS (seg. social) \_\_\_\_\_ Marital Status (estado civil) \_\_\_ Sex (sexo) \_\_\_ DL # (lic. de cond.) \_\_\_\_\_  
mm dd yyyy

Address (dirección) \_\_\_\_\_ City (ciudad) \_\_\_\_\_

State (estado) \_\_\_\_\_ ZIP (código postal) \_\_\_\_\_ Phone: Home (tel. casa) \_\_\_\_\_ Work (tel. trabajo) \_\_\_\_\_

Employer (empleador) \_\_\_\_\_

**Additional Family Members** (familiares adicionales)

First Name (nombre)	Last Name (apellido)	Sex (sexo)	DOB (fecha de nac.)	Relationship (parentesco)

**Plan Selection** (check each that is applicable)  
**Selección del Plan** (marque los planes que le interesen):

	Term? (¿Plazo?) <input type="checkbox"/> Quarterly (trimestre) <input type="checkbox"/> Semi-annual (bianual) <input type="checkbox"/> Annual (anual)		
	Payments for each - 1 Month (pagos por plan - 1 mes)		
	Family of 1 (familia de 1)	Family of 2 (familia de 2)	Family of 3 (or more) (familia de 3 o más)
<b>Individual/Family Plans</b>			
1 - MedMore Basic Discount Medical Plan and	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00
2 - MedMore Select Discount Medical Plan combined			
3 - Prescription Drug Plan *	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Group Plans (through payroll withholdings)</b>			
4 - MedMore Basic Discount Medical Plan and	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00	<input type="checkbox"/> \$ 30.00
5 - MedMore Select Discount Medical Plan combined			
6 - Prescription Drug Plan *	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

There is a one-time processing fee of \$35 for individual members; \$20 for payroll withholding members.  
(Se aplicará un cargo único para el procesamiento de este Acuerdo al momento de su firma.  
Este cargo será de \$35.00 para los planes individuales o bien de \$20.00 para los planes de grupo que se deducen de la nómina.)

\* Only available when Member subscribes to both the Basic and Select Discount Medical Plans.  
\* Esta opción es válida solamente en el caso de que el Socio elija participar en los planes de descuentos Basic y Select

**Payment Method**  Cash  Check or Money Order  Direct Withdrawal  Credit  Payroll Withholding (for groups only)  
(método de pago) Efectivo  Dinero  Orden de Pago  Cargo en Cuenta  Credito  Descuento en Nómina (grupos solamente)

All Payments are due on the  10th or the  25th of the month. (Todos los pagos deben ser recibidos el día  10 ó  25 del mes)

**Cash / Check / Money Order Payments**  Monthly  Quarterly  Semi-annual  Annual (Make checks and money orders payable to MedMore.)

**Credit Card Information** (Información de tarjeta de crédito)  VISA  Mastercard  Amex  Discover Expiration Date (fecha de vto.) \_\_\_\_\_

Cardholder Name (nombre en la tarjeta) \_\_\_\_\_ Credit Card # (nro. de tarjeta) \_\_\_\_\_

Billing Address (Dirección postal de cobro) \_\_\_\_\_

Payments:  Monthly (mensual)  Quarterly (trimestral)  Semi-annual (bianual)  Annual (anual)

First Payment (1er pago) \$ \_\_\_\_\_

Processing Fee (pago de pto.) \$  35 or  20 Printed Name (nombre en letra de imprenta) \_\_\_\_\_ Date (fecha) \_\_\_\_\_

**Total First Payment** \$ \_\_\_\_\_ (total del 1er. pago)

**Each Following Payment** \$ \_\_\_\_\_ (total de cada pago mensual sucesivo)

Signature (firma) \_\_\_\_\_

**Direct Withdrawal Information** (Información para extracción bancaria directa)

I authorize MedMore to withdraw the necessary amount from the following bank to pay for my MedMore Membership. (NOTE: Please attach a voided check to this application). (Autorizo a MedMore para que extraiga de mi cuenta en el banco a continuación el monto necesario para el pago de mi afiliación a MedMore.  
NOTA: Adjunte un cheque anulado a esta solicitud.)

Bank routing # (nro. de giro) \_\_\_\_\_ Bank Name (Entidad bancaria) \_\_\_\_\_

Account # (nro. de cuenta) \_\_\_\_\_ Payments:  Monthly (mensual)  Quarterly (trimestral)  Semi-annual (bianual)  Annual (anual)

First Payment (1er pago) \$ \_\_\_\_\_

Processing Fee (pago de prto.) \$  35 or  20 Printed Name (nombre en letra de imprenta) \_\_\_\_\_ Date (fecha) \_\_\_\_\_

**Total First Payment** \$ \_\_\_\_\_ (total del 1er. pago)

**Each Following Payment** \$ \_\_\_\_\_ (total de cada pago mensual sucesivo)

Signature (firma) \_\_\_\_\_

**NOTE:** The MedMore Basic Plan, the MedMore Select Providers Plan and the Prescription Drug Plan are not health insurance. MedMore does not make payments directly to the providers of the medical services. These plans provide discounts at certain health care providers and pharmacies for medical services rendered to the MedMore Member(s). After the discounts are deducted, Members are responsible for paying the providers and pharmacies directly for their services. Members must make such payments in the manner stipulated by the said providers. Such payments are usually required to be paid at the time the health care service is provided to the Member.

**Assured Options System, Inc. d/b/a MedMore**  
6101 Blue Lagoon, Suite 430 • Miami, FL 33126  
Phone: (305) 662-4066 • Fax: (305) 662-4077  
<http://www.medmoreplan.com>



# MedMore Health Discount Plans & Enrollment Agreement

## Acuerdo de Afiliación a los Planes de Descuento de Salud de MedMore

A \$25 charge will be applied to all returned checks including items such as insufficient funds, closed accounts, stop payments orders, or incorrect account numbers.	Se aplicará un cargo de \$25 a todo y cualquiera cheque devuelto por falta de fondos, cuenta cerrada, cheque retenido, número de cuenta incorrecta o cesación de pagos.
A \$25 charge will be applied if a bank debit transaction is not completed due to problems, including items such as insufficient funds, closed accounts, stop payments orders, or incorrect account numbers.	Se aplicará un cargo de \$25 si no se realizara el retiro bancario periódico debido a falta de fondos, cuenta cerrada, pago retenido, número de cuenta incorrecta o cualquier otro problema por parte del Socio.
A \$25 charge will be applied if an authorized credit transaction is not completed due to problems including items such as insufficient funds, closed accounts, stop payments orders, or incorrect account numbers.	Se aplicará un cargo de \$25 si no se realizara la transacción por tarjeta de crédito que fuera acordada, debido a falta de fondos, cuenta cerrada, pago retenido, numero de cuenta incorrecta o cualquier otro problema causado por el Socio.

**Terms and Conditions**

The Term of this Agreement commences on the date the Member signs it. If a member is not satisfied for any reason, he/she has 72 hours after signing it to cancel the membership and receive a full refund. This is done by submitting a written notification to MedMore. Upon receiving their MedMore Card, each MedMore member is entitled to all benefits listed in the Descriptions of Benefits. Cards are usually received within ten days of the signing this Enrollment Agreement.

Failure to keep membership fees up to date will result in a temporary suspension of membership until the matter is resolved. Non-payment of fees due by a member does not imply cancellation, suspension or modification of this Agreement.

Prior to the end of each Term, a Member may request cancellation in writing to MedMore. The enrollment Term will be renewed automatically if no such cancellation request is made. This Agreement represents a legal obligation for all parties who sign it.

At any time, Members may add immediate family members to their membership or cancel their Membership. This is done by informing MedMore in writing. A cancellation notice must include the return of the Members' MedMore Card cards. MedMore will refund to the canceling Member the unused portion of any fees received from the Member, if any.

The Member acknowledges he/she has read and understands the all three pages of this Agreement, including but not limited to the NOTE at the bottom of page 1. This agreement may be signed in person or authorized by phone. In either case, the Member is responsible for this agreement. (Authorizations made by phone will be tape recorded by MedMore).

If there is a discrepancy between the English and a non-English language translation of this agreement, the English version shall prevail.

**Términos y Condiciones**

*El plazo efectivo de este Acuerdo comienza en la fecha en que el Socio lo firma. Si por alguna razón el Socio no estuviera satisfecho, por cualquier razón, éste tendrá la posibilidad de anular su membresía dentro de las 72 horas de haber firmado este Acuerdo y recibirá la devolución de su pago al 100%. Esto se hace mediante una comunicación escrita a MedMore. Una vez que reciba la tarjeta de MedMore cada Socio tiene derecho a todos los beneficios mencionados en la "Descripción de Beneficios". Las tarjetas son generalmente recibidas pasados los diez días de haberse firmado el Acuerdo.*

*El no mantener al día los pagos de membresía, resultará en la suspensión temporaria de la misma, hasta que los pagos sean actualizados. La falta de pagos por cualquier socio no implica la anulación, la suspensión o la modificación de este Acuerdo.*

*El Socio puede, antes del vencimiento del plazo del término, solicitar por escrito la anulación de este Acuerdo. Si no se solicita su anulación, este Acuerdo es renovado automáticamente. La firma de este Acuerdo representa una obligación legal para las dos partes firmantes.*

*Los Socios de MedMore pueden agregar familiares inmediatos o anular la membresía en cualquier momento. Esto se hace informando a MedMore por escrito. La solicitud de anulación debe incluir las tarjetas de membresía. MedMore devolverá al Socio la cantidad prorrateada de dinero correspondiente a mensualidades que hayan sido pagadas por adelantado, si es que las hay.*

*El Socio confirma que ha leído y entendido las tres paginas de este Acuerdo incluyendo pero no limitado a la Nota al final de la página 1. Este Acuerdo puede ser firmado en persona o autorizado por teléfono. En cualquiera de los casos, el Socio es responsable por este Acuerdo (autorizaciones vía teléfono serán grabadas magnéticamente por MedMore).*

*En caso de discrepancia entre la versión en inglés y versiones en otras lenguas, la versión en inglés prevalecerá.*

Descriptions of Benefits	
MedMore Basic DMPO Plan	MedMore Select Providers DMPO
Members can receive discounts from any health-care provider in our national network. Discounts are typically in the 10%-25% range. The national network includes approximately 350,000 doctors, hospitals, clinics, dentists, and pharmacies.	MedMore has selected more than one thousand health-care providers in specific states. These providers have guaranteed in writing specific prices for a wide variety of medical services and procedures. These are not percentage discounts but rather specific price quotes.
Members can take advantage of our "basic concierge service". MedMore will make medical appointments for the Member if the member so desires.	Members receive a 100+ page book showing names, addresses and phone numbers, guaranteed prices (not % discounts) for a wide range of health care services for each provider listed.
	Under our "special concierge service", MedMore Customer Service will make medical appointments for the Select MedMore Member and confirm health care costs in advance, if the Member so desires.
Members may access to our web site. It provides a searchable database of all MedMore providers..	
When both Plans are subscribed to, Member and their family may also elect to subscribe to our 4-tier national Prescription Drug Plan.	
If either Plan is subscribed to, Members may also apply to enroll in any of our low-cost health insurance plans. These plans are each underwritten by nationally-know insurance companies. The plans include; 1) Hospital Indemnity Plans, 2) Lump Sum Cancer Insurance, 3) Cancer & Dread Disease Insurance, 4) Accident Expense Insurance and 5) Life Insurance.	

**NOTA:** *The MedMore Basic Plan, The MedMore Select Providers Plan y The Prescription Drug Plan y The Prescription Drug Plan no son planes de seguro de salud, por lo tanto, no realizan pagos directamente a las farmacias ni a los proveedores de servicios médicos. Estos planes proveen descuentos por servicios médicos ofrecidos a los Socios del plan por los proveedores y farmacias designados. Los Socios del plan tienen la obligación de pagar directamente a los proveedores y las farmacias por los servicios y productos, después de deducido el descuento. Los Socios deberán hacer los pagos en la forma que tengan estipulada dichos proveedores. En muchas ocasiones se requiere que el pago se realice en el mismo momento en que los servicios son recibidos por el Socio.*