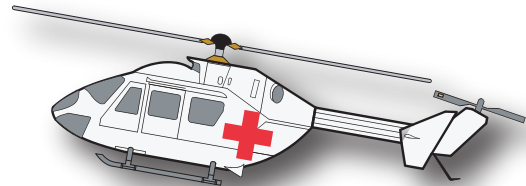
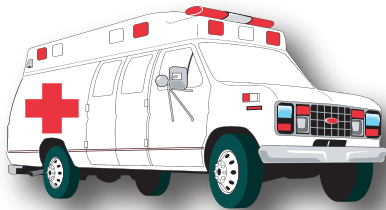


Membership Benefits Include:

**Discount & Savings Programs**  
**Plus**  
**24 Hour**  
**Accident Coverage**

**Doctor's Office - Clinic - Hospital**



**\$5,000.00** **Accident Medical Coverage**  
For Each Family Member per Occurrence

**\$5,000.00** **Accidental Death & Dismemberment**

**\$4,000.00** **Emergency Air Ambulance**  
For Each Family Member per Occurrence

*(Option 2)*

**Plus Many Other Valuable Benefits...**



Administrative Offices  
15575 N 79th Pl - Suite 100 • Scottsdale, AZ 85260

## Discount and Savings Programs

**The Dividend Club:** Value Benefits of America members will earn Dividends (paid quarterly to you) on Merchandise, Services, Travel & Entertainment when you shop from our On-line Mall and make a purchase. Choose from retailers like these, just to name a few, and get the dividends: Walmart.com, Target.com, BestBuy.com, CircuitCity.com, CompUSA.com, DisneyStore.com, OfficeMax.com, BrooksBrothers.com, Brookstone.com, Buy.com, EddieBauer.com, LizClairborne.com, FOA.com, FOSSIL.com, HotelDiscounts.com, Jcrew.com, etc.

**Car Rental Services:** Provides discounts at Alamo, National, Hertz and Avis.

**Rewards Network:** America's Premier Dining Rewards Program and Hotel Discounts. Save up to 20% off every meal plus up to 15% off your hotel room rate.

**Refund Sweepers:** Free Merchandise, Bargains, On-line Coupons, Rebates, Sweepstakes & more.

*Discount Benefits are not insurance.*

# Plus...

## **OPTION 1 - PREMIER**

**\$10,000 Accident Medical Coverage - \$250 Deductible**

**\$10,000 Accidental Death & Dismemberment**

**Weekly Disability Income:** If, as a result of injury, the primary member becomes totally disabled, as defined in your certificate of coverage, we will pay the weekly benefit amount of \$150.00. This benefit begins on the 15th day from the start of the continuous disability. We will pay this benefit amount for as long as the covered member is so disabled from any one accident, but not longer than the maximum number of 26 weeks.

*(The above benefits are underwritten by Guarantee Trust Life Insurance Company)*

**\$4,000 Emergency Helicopter Air Ambulance - Worldwide Coverage**

**\$500 Auto and Truck Personal Deductible Reimbursement:** Reimburses the deductible amount on a primary Automotive policy when a covered collision loss exceeds it to a maximum of \$500.00 up to twice annually. This benefit becomes effective one month after the effective date of your VBA membership.

*(see benefits description below)*

## **OPTION 2 - BASIC PLUS**

**\$5,000 Accident Medical Coverage - \$100 Deductible**

**\$5,000 Accidental Death & Dismemberment**

*(The above benefits are underwritten by Guarantee Trust Life Insurance Company)*

**\$4,000 Emergency Helicopter Air Ambulance - Worldwide Coverage**

*(see benefits description below)*

## **OPTION 3 - BASIC**

**\$2,500 Accident Medical Coverage - \$100 Deductible**

**\$5,000 Accidental Death & Dismemberment**

*(The above benefits are underwritten by Guarantee Trust Life Insurance Company)*

**\$4,000 Emergency Helicopter Air Ambulance - Worldwide Coverage**

*(see benefits description below)*

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### Benefits Description

**Accident Medical Coverage - Any Doctor, Emergency Room, Clinic or Hospital:** Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, dental work to sound natural teeth, drugs, medicines, diagnostic tests and x-rays, oxygen, casts, splints, crutches, blood plasma, treatment performed by licensed medical professional and rental of durable medical equipment.

**\$4,000 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 amount of \$4,000.00, for Helicopter Air Ambulance Transportation Only.

**Accidental Death & Dismemberment:** If a covered family member's injury results in a loss, as defined in your certificate of coverage, within one year after the accident causing the loss, the carrier will pay per the schedule of benefits for loss of life. Also benefits for loss of limb and sight are shown in the schedule of benefits.

# VBA Accident Plan Application Instructions

- If paying by monthly checking account, it is not necessary to submit a first months check, just a voided check will do fine, along with you filling out the VBA Authorization To Honor Checks. Upon processing your application, your account will be billed.
- OR, if desired, you may pay by credit card.

(monthly list bill is *not* an option unless it is a *company with at least 2 employees who each get the plan*)

## **You may fax the application**

*(and voided check if applicable)*

**to:** (909) 790-6684

OR:

## **Mail the application to:**

PGA Financial  
PO Box 950  
Yucaipa, CA 92399

Or, for overnight or personal delivery the street address is:

PGA Financial  
34455 Yucaipa Blvd. # 209,  
Yucaipa, CA 92399

Questions? Call 1 (909) 790-8622,

Or, Toll Free 1 (877) 336-5490

# Value Benefits of America Enrollment Form

**✓ Check One:**

- Option 1: Premier \$59.95\* per Month (Individual or Family)**
- Option 2: Basic Plus \$39.95\* per Month (Individual or Family)**
- Option 3: Basic \$29.95\* per Month (Individual or Family)**

(Add \$3.00 additional monthly fee if paying with Credit Card.)

*\*Includes \$9.95 Monthly Administrative Fee*



**Member**

Last Name \_\_\_\_\_ First \_\_\_\_\_ 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

**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 representatives 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.*  
**\*\*Add \$3.00 additional monthly fee if paying with Credit Card.**

*(Make payment Payable to VBA)*

Representative: (print name) \_\_\_\_\_  
 Representative Number: \_\_\_\_\_  
 Representative Phone Number: \_\_\_\_\_

**CREDIT CARD INFORMATION**

**Monthly Payment Only**

Enclosed is my payment: \$ \_\_\_\_\_  VISA  MasterCard

Card No.: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

3 Digit Security Number From Back of Card \_\_\_\_\_

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Expiration Date \_\_\_\_\_ Today's Date \_\_\_\_\_

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Print Name of Cardholder \_\_\_\_\_

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Signature of Cardholder \_\_\_\_\_

#### 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.

#### 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.

#### EXCLUSIONS

The Certificate does not provide benefits for:

Treatment, services or supplies which:

Are not Medically Necessary;

Are not prescribed by a Doctor as necessary to treat an Injury;

Are determined to be Experimental/Investigational in nature;

Are received without charge or legal obligation to pay;

Are received from persons employed or retained by the Policyholder or any Family Member, unless otherwise specified.

Are not specifically listed as Covered Charges in this Certificate.

Injury by acts of war, whether declared or not.

Injury received while traveling or flying by air, except as a fare paying passenger on a regularly scheduled commercial airline.

Suicide, attempted suicide or intentionally self-inflicted Injury while sane.

Heart and/or circulatory malfunction resulting from participation in a Covered Activity.

#### CAMOEX102

Hernia, any type, regardless of cause or slipped femoral capital epiphysis or pathological fracture.

Injury sustained while committing or attempting to commit a felony.

#### CAMOEX300

Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state in which the Injury occurs.

Loss resulting from intoxication; or the use of any drug or agent classified as narcotic, psycholytic, psychedelic, hallucinogenic, or having a similar classification or effect, unless prescribed by a Doctor.

Injury sustained while participating in a rodeo.

#### CAXXEX400

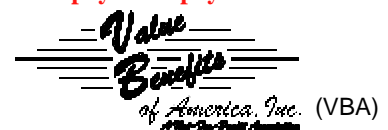
Injury sustained flying in an ultra light, hang gliding, parachuting or bungi-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.

Injury which occurs while the Insured is on active duty service in any armed forces.

#### CAXXEX600

*Representative*

Send completed Enrollment Form  
and payment payable to VBA To:



15575 N 79th Pl - #100  
Scottsdale, AZ 85260

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

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