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 5 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

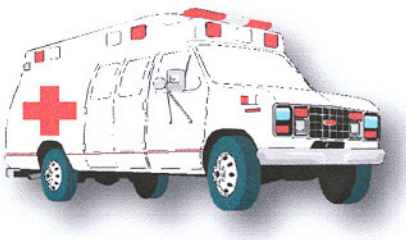
Or, for overnight or personal delivery the street address is:
PGA Financial
34455 Yucaipa Blvd. # 209,
Yucaipa, CA 92399

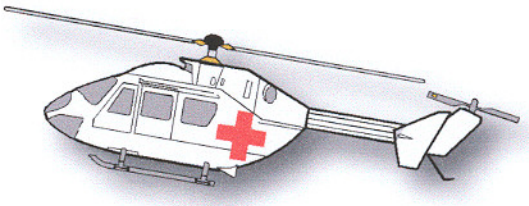
Questions? Call 1 (909) 790-8622,
Or, Toll Free 1 (877) 336-5490

Basic Membership Benefits Include:

24 Hour Accident Coverage

Doctor's Office - Clinic - Hospital





$2,500.00 Accident Medical Coverage
For Each Family Member per Occurrence

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

$5,000.00 Accidental Death & Dismemberment

And Many Other Benefits...

You and Your Family For Less Than $1.00 a Day

Value Benefits of America, Inc.
A Not-For-Profit Association

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

24 Hour Accident Protection

✓ **up to $2,500 for Each Family Member per Occurrence For Medical Services**

Benefits are subject to a **$100** deductible per accident per covered family member. Medical Services means the costs for: Medically necessary treatment by a physician, nurse, dentist, hospital room and board, outpatient surgery, use of an ambulance, 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. Benefits are excess of other coverage and are underwritten by an A+ Superior Rated Carrier by AM Best.

✓ **Use Any Doctor, Emergency Room or Hospital**

✓ **Pays Directly to You unless you assign**

✓ **$100 Deductible**

Accidental Death & Dismemberment

✓ **$5,000 Coverage for Each Family Member**

Emergency Air Ambulance

✓ **up to $4,000 per occurrence for Each Family Member**

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 Air Ambulance Transportation Only. Emergency Air Ambulance benefits are underwritten by an Excellent Rated Carrier by AM Best.

✓ **Coverage is worldwide**

✓ **Transportation by air only**

The accident coverage information contained herein is a brief summary only and is subject to all provisions,limitations and exceptions set forth in the Policy. Please refer to your outline of coverage for the exceptions and limitations. Payment will be for benefits described in your Certificate of Coverage.

Plus Other Discount Benefits

• The Dividend Club • Rewards Network
• Refund Sweepers • Car Rental Services

Basic

Value Benefits of America Enrollment Form

✓ **Check One:** ❑ **Individual $24.95* Monthly** ❑ **Family $29.95* Monthly**

(Add $1.00 additional monthly fee if paying with Credit Card.)

**Includes $4.95 Monthly Administrative Fee.*

No Enrollment Fee

Member

Last Name First Initial ❑ Male ❑ Female

Social Security # (required) Age(max 69) Date of Birth Home Phone # Work Phone #

E-mail Address for fulfillment and correspondence Occupation

Address City State Zip

Family Members *(List spouse and dependent children to age 19 or full time student under age 25)*

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.

Signature of Depositor Date Additional Signature (If joint account) Date

Payment Options *(Check one)*

❑ Monthly Bank Draft
❑ Monthly Credit Card**
❑ Monthly List Bill (5 or more)

Billing will be 15 days before due date. ***(Make payment payable to VBA)***

***Add $1.00 additional monthly fee if paying by Credit Card.*

Representative: (print name) Lee Martinson

Representative Number: 85349

CREDIT CARD INFORMATION

Monthly Payment Only

Enclosed is my payment: $_____ ❑ VISA ❑ MasterCard

Card No.:

Expiration Date Today's Date

Print Name of Cardholder

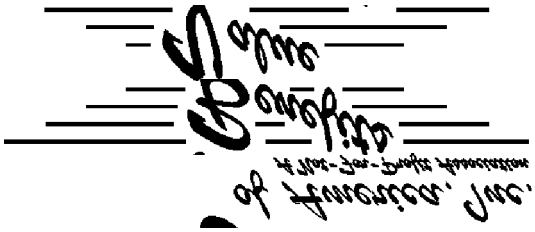
Signature of Cardholder

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 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. Check monthly for any benefit changes and notifications at www.vbamembers.com. 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. Membership fees may be changed for all members, but not individually, with notification.

Agent Send completed Enrollment Form and payment payable to VBA To:



(VBA)

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

FAX # for faxing application: (909) 790-6684

Representative:

Lee Martinson
PGA Financial
PO Box 950
Yucaipa, CA 92399
(909) 790-8622

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