

ACCIDENT SHIELD PLUS

SUPPLEMENTAL BENEFITS PLAN

MEMBERSHIP APPLICATION



Last Name	First Name	Sex	Date of Birth
Address		Phone #	E-Mail Address
City	State	Zip Code	Social Security #
Spouse (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth
Dependent (if included)		Sex	Date of Birth

Choose Your Options – Create Your Plan			
Choose Single or Family Plan	Level	<input type="checkbox"/> Single	<input type="checkbox"/> Family
REQUIRED	\$2500	\$22.00	\$35.00
Base Plan Accident Medical Expense	\$5000	\$28.00	\$45.00
Choose Only One Level	\$7500	\$35.00	\$54.00
	\$10,000	\$43.00	\$64.00
Accidental TTD or STTD Upgrade	Primary	<input type="checkbox"/>	<input type="checkbox"/>
	Spouse	N/A	<input type="checkbox"/>
Consult-a-Dr Upgrade		<input type="checkbox"/>	<input type="checkbox"/>
AD&D Upgrade	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>
Choose Only One Level	\$250,000	<input type="checkbox"/>	<input type="checkbox"/>

Choose Payment Option & Mode

Payment Option

Check Credit Card

Payment Mode

M- ACH or CC ANN
(ACH Attach Void Check)

Direct Mo (Add \$2.50 DIRECT)

Make Check Payable to: WBA

Credit Card Information

VISA MC DISCOVER AMEX

Card Number _____ Expiration (Mo/Yr) _____

Name as it appears on Account _____

Checking Account Information

Bank Routing Number _____

Bank Account Number _____

CHOOSE PLAN DUES USING DROP DOWN OPTIONS UPGRADE PLAN CODES ON NEXT PAGE

Basic	+	Upgrade Choice	=	Monthly Dues
Annual x 12	X	Dues	+	Monthly Direct
			+	1 Time Fee
			=	Initial Payment

I hereby apply for membership with WBA and I authorize WBA and/or its authorized agent to charge my credit card for all future renewal payments as they come due, or; I hereby request and authorize you to pay checks drawn on my account by WBA and/or its authorized agent and payable to same provided there are sufficient collected funds in said account to pay the same upon presentation, or; I authorize my employer to deduct from my earnings the required contribution. **This authorization shall remain in effect until WBA receives written notification from me revoking the authorization. I will notify WBA in writing of my wish to cancel the membership 30 days in advance.**



Member Signature _____

Date _____

Producer Name _____

Producer # _____

WBA AccidentSHIELD Member Plan Pricing

WBA offers upgrades to the basic AccidentSHIELD membership plan. You may chose 1, 2 or all 3 of the special benefits below. Just add any of the benefit packages shown below to your basic plan. Check off the benefits you've chosen on the front of this application, add in the correct amount from the columns below and total it all for your monthly dues.

Benefit Key:

AME = Accident Medical Expense \$2500, \$5000, \$7500 or \$10,000 included in all plans.

TTD = Temporary Total Disability Up to \$500 per week for up to 52 weeks for primary only.

STTD = TTD Up to \$500 per week for up to 52 weeks for primary & Spouse.

AD&D Accidental Death & Dismemberment, \$100,000 OR \$250,000

CaDr = Consult a Doctor UPGRADE

AccidentSHIELD – AME		
Description	Single	Family
\$2500 AME	\$22	\$35
\$5000 AME	\$28	\$45
\$7500 AME	\$35	\$54
\$10,000 AME	\$43	\$64

AccidentSHIELD PLUS – AME plus 1 Benefit		
Description	Single	Family
Add TTD	\$18	\$18
Add STTD		\$36
Add \$100K AD&D	\$8	\$18
Add \$250K AD&D	\$21	\$37
Add CaDr Upgrade	\$11	\$11

AccidentSHIELD ENHANCED – AME plus 2 Benefits		
Description	Single	Family
Add TTD + \$100K AD&D	\$26	\$28
Add STTD + \$100K AD&D		\$46
Add TTD + \$250K AD&D	\$39	\$55
Add STTD + \$250K AD&D		\$73
Add TTD + CaDr Upgrade	\$29	\$29
Add STTD + CaDr Upgrade		\$47
Add \$100K AD&D + CaDr Upgrade	\$19	\$21
Add \$250K AD&D + CaDr Upgrade	\$32	\$48

AccidentSHIELD PREMIUM – AME plus 3 Benefits		
Description	Single	Family
Add TTD + \$100K AD&D + CaDr Upgrade	\$37	\$39
Add STTD + \$100K AD&D + CaDr Upgrade		\$57
Add TTD + \$250K AD&D + CaDr Upgrade	\$50	\$66
Add STTD + \$250K AD&D + CaDr Upgrade		\$84