Send Completed Form to:
Healthplex, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553-3608
P 800-468-0608 ◆ F 516-228-9572
healthplex.com

Access Healthplex Discount Plan - Individual Application

Member Information

Last Name	First Name	M.I.	ID #

Address	City	State	Zip Code

Home Phone	Email Address	Gender	D.O.B.

Marital Status

☐ Single ☐ Domestic Partners ☐ Married ☐ Divorced/Widow

Family Members To Be Included (Spouse, Domestic Partner & children living in the household)

		Check Appropriate Box			
Last Name, First Name	Gender	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	Gender	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	Gender	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	Gender	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.
Last Name, First Name	Gender	Spouse/D.P. ☐	Son ☐	Dtr ☐	D.O.B.

*Plan Cost - Dental and Vision

Single	Annual	Two Party	Annual	Family	Annual
	$97.20		$108.90		$151.20

*** There is a one time non-refundable processing fee of $15.00.**

Plan Type - check one

☐ **Single** ☐ **Two Party** ☐ **Family**

Payment Options

☐ Check enclosed in the amount of $_____ payable to ***Healthplex, Inc.***

☐ Visa ☐ Mastercard ☐ Discover (check one) Authorization in the amount of $_____

Name on Card: _____

Card Number: _____ Exp. Date _____

By signing below, I acknowlage that I have read and agree to the terms and conditions on the reverse side.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature	Date

Broker Information

Broker Name	SSN/Tax ID #

Healthplex - Official Use Only

Group Number	Effective Date

Read Terms & Conditions On Reverse Side

-OVER-

TERMS & CONDITIONS

Renewal Conditions: By joining a plan, you are authorizing Healthplex, Inc. to bill your credit card for the annual plan you have selected. This annual charge shall remain in force until you notify Healthplex, Inc. of request to cancel. By joining, you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term on an annual basis, and your credit card or bank account will be automatically charged or drafted for the appropriate amount.

Termination Conditions: Healthplex, Inc. and **Care**ington International Corporation (**Care**ington) reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: You have the right to cancel within the first 30 days after the original enrollment date to receive a full refund, less the processing fee, if applicable. **For FL Residents only**: You have the right to cancel within 30 days after the effective date. If for any reason during this time period you are dissatisfied with the plan and wish to cancel and obtain a refund, you must submit a written cancellation request. Healthplex, Inc. will accept and cancel plan memberships at any time during the membership period and will cease collecting membership fees in a reasonable amount of time, but no later than 30 days after receiving a cancellation notice. Please send a cancellation letter and a request for refund with your name and member number to Healthplex, Inc.; 333 Earle Ovington Blvd., Suite 300; Uniondale, NY 11553 or fax to: (516) 228-4829. You may also submit cancellation by email: cancellations@healthplex.com. If Healthplex, Inc. is billing you quarterly, semi-annually or annually, Healthplex, Inc. will, in the event of cancellation of the membership by either party, make a pro-rata reimbursement of the periodic charges to the member.

Description of Services: Please see the enclosed materials for a specific description of the programs that you have purchased.

Limitations, Exclusions & Exceptions: This program is a discount membership program offered by **Care**ington. **Care**ington is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by **Care**ington**. Care**ington is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time **Care**ington has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion. **Care**ington cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Providers contracted by **Care**ington are solely responsible for the professional advice and treatment rendered to members and **Care**ington disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime with notice as required by law.

Complaint Procedure: If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: **Care**ington International Corporation, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint and/or grievance resolution. After completing the complaint resolution and appeal processes, and you remain dissatisfied, you may contact your state insurance department. **TX Residents**: All complaints will be completed within 72 hours of receipt with the exception of billing inquiries that require further research or documentation.

Disclosures:

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. **THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN.*** The plan provides discounts at certain health care providers for medical services. The range of discounts will vary depending on the type of provider and service. The plan does not make payments directly to the providers of medical services. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. You may access a list of participating health care providers at www.healthplex.com. Upon request the plan will make available a written list of participating health care providers. You have the right to cancel within the first 30 days after the original enrollment date to receive a full refund, less a nominal processing fee (nominal fee for MD residents is $5). Discount Medical Plan Organization and administrator: **Care**ington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Montana and Vermont. This plan is not currently available in Washington.

*Medicare statement applies to MD residents when pharmacy discounts are part of plan.

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