



A Licensed Insurance Agency

Additional Benefits - UR



Association Benefits for the Association Healthcare Indemnity Plans

- **\$5,000/\$10,000 Critical Illness**
- **\$15,000 Term Life/\$15,000 AD&D**

AWIS Plans Provided To NAPP Members:





National Association of Preferred Providers

11111 Richmond Avenue, Suite #250, Houston, TX 77082

Phone: 800.834.9477 • Fax: 713.414.4954

MEMBERSHIP DUES:

Annual Dues: \$12.00

Date: _____

NAPP ASSOCIATION MEMBERSHIP APPLICATION

NAPP MEMBERSHIP BENEFITS

You're eligible to enroll in any one or more of the following association-exclusive and state-approved association insurance benefits^{1,2} at prices you can afford:

- + Doctor Office Visit Reimbursement
- + Accidental Injury Protection
- + Accidental Death & Dismemberment Protection
- + Accidental Disability Income Protection
- + Emergency Travel Assistance
- + Hospital & ICU/CCU Stay
- + Dental HMO
- + Term Life
- + Critical Illness

negotiating with hospitals nationwide. PAC not only negotiates lower hospital bills, it also works to locate and access all available saving programs members may be eligible to participate in. On occasions, PAC has even negotiated dismissal of entire hospital bills for members, saving members tens and hundreds of thousands of dollars!

As well as many other exciting association exclusive saving benefits^{1,2}:

- + Doctors
- + Medical Supplies
- + And More!
- + Labs
- + Pet Care
- + Prescriptions
- + Legal

You'll also have exclusive access to a powerful and effective advocacy program^{1,2}!

The Advocacy Program features a full service Hospital Patient Advocacy Center (PAC) of dedicated and experienced advocates. PAC advocates have over 20 years' experience

NAPP members will automatically receive, as part of the basic NAPP membership, discounts on a variety of life-style services:

- + Entertainment Savings Program
- + Vitamin Savings Program
- + Travel Savings Program
- + Fitness Savings Program
- + Magazine Savings Program
- + Vehicle Savings Program

MEMBER INFORMATION *(Please Print Clearly)*

Last Name: _____ First Name: _____ M.I.: _____ D.O.B: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Gender: _____ Language: _____

Home Phone #: _____ Cell Phone #: _____ Fax #: _____

E-mail: _____

BILLING INFORMATION *(Please Select Only One Method of Payment)*

ANNUAL MEMBERSHIP DUES: \$12.00

Bank Draft or Debit: *(check only one)* Checking Savings

Name of Account Holder: _____ Bank Name: _____

Bank Transit #: _____ Bank Account #: _____

Credit Card: *(check only one)* VISA American Express Discover MasterCard

Name of Account Holder: _____

Account #: _____ Expiration Date: _____ CW2 #: _____

(The CW2 # is the last 3 digits next to the signature line on the back of your credit card; or the 4 digits after your account # for American Express)

I have read the terms, conditions, and disclosures below and authorize National Association of Preferred Providers (NAPP) or its designated attorney-in-fact to electronically draft my account or bill my credit card indicated on this application for my membership recurring dues. I understand I am eligible for a full refund of my membership dues if I cancel in writing by fax or mail within 30 days from postmark on my membership packet plus five (5) days.

X _____ Date: _____

Signature of the Depositor or Credit Card Holder *(Must be signed by employer if employer is paying the membership dues.)*

The National Association of Preferred Providers (NAPP) was founded in 1983 as a Texas non-profit Association by a group of physicians, for the purpose of promoting the general well-being and welfare of individuals and their families who become members of the Association. NAPP delivers value to its members through service, information, and advocacy; it provides its members a wide range of unique and special services and benefits. Today, NAPP is run by its Board of Directors, which is elected by its members. NAPP's bylaws can be accessed at www.nappassociation.org.

NAPP seeks to attain its purposes and goals by using its "group buying" power to negotiate the lowest price and rate agreements with service, benefit, and insurance providers, and passing the significant savings to its members. The Association's Board of Directors decides the services and benefits provided to Association members and approves their corresponding agreements.

¹ Not available in certain states; check to find out if offered in your state.

² Access to optional benefits at an additional price is available only to NAPP members.

SPONSOR INFORMATION

Sponsor Name: _____

IMA#: _____



10878 Westheimer Rd., Suite #191, Houston, TX 77042

Phone: 1.866.365.5829 • Fax: 1.866.837.4556

THIS PLAN IS ONLY AVAILABLE TO NAPP MEMBERS

PLAN APPLICATION

ADDITIONAL BENEFITS - UR

Date: _____

Optional Benefits (Select All That Apply; Make Sure Selected Benefits and Plan are Available in Your State.)

<input type="checkbox"/> Critical Illness: \$5K \$54 Monthly; \$74 Monthly; <small>(Primary Only) (Primary & Spouse)</small> \$30 One-Time Enrollment Fee <hr/> • \$5,000 Critical Illness² <small>(Available in all states, except in: AK, CT, MA, MN, MT, NC, ND, RI, and VT.)</small>	<input type="checkbox"/> Critical Illness: \$10K \$84 Monthly; \$119 Monthly; <small>(Primary Only) (Primary & Spouse)</small> \$30 One-Time Enrollment Fee <hr/> • \$10,000 Critical Illness² <small>(Available in all states, except in: AK, CT, MA, MN, MT, NC, ND, RI, and VT.)</small>	<input type="checkbox"/> Term Life: \$15K \$54.95 Monthly; \$79.95 Monthly; <small>(Primary Only) (Family)</small> \$60 One-Time Enrollment Fee <hr/> • \$15,000 Term Life/\$15,000 AD&D³ <small>(Available in all states, except in: AK, CT, MA, MN, MT, NC, ND, RI, and VT.)</small>
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Member Information (Please Print Clearly)

Are you a member of the NAPP Association? Please check the box below that applies to you.

YES; My member ID Number is: _____ - _____ - _____

A NAPP membership application is attached.

Last Name: _____ First Name: _____ M.I.: _____ D.O.B: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Gender: _____ Language: _____

E-mail: _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Fax #: _____ Beneficiary: _____

Member's Family Information (Please Print Clearly)

Spouse's First Name: _____ Last Name: _____ D.O.B: _____

Dependent's First Name: _____ Last Name: _____ D.O.B: _____ Relationship: _____

Dependent's First Name: _____ Last Name: _____ D.O.B: _____ Relationship: _____

(For additional dependents, add additional sheets)

Billing Information

One-Time Application Fee: \$ _____ **Monthly Fees: \$** _____ **Optional Services: \$** _____ **Total: \$** _____

ONLY Continue Filling Out This Section IF This Billing Information Is Different From The NAPP Application; Otherwise Just Sign and Date Below

Bank Draft or Debit: (check only one) Checking Savings

Name of Account Holder: _____ Bank Name: _____

Bank Transit #: _____ Bank Account #: _____

Credit Card: (check only one) VISA American Express Discover MasterCard

Name of Account Holder: _____

Account #: _____ Expiration Date: _____ CVV2 #: _____

(The CVV2 # is the last 3 digits next to the signature line on the back of your credit card; or the 4 digits after your account # for American Express)

I have read the terms, conditions, and disclosures on the back of this application and authorize American Workers Insurance Services or its designated attorney-in-fact to electronically draft my account or bill my credit card indicated on this application for my one-time initial application fee and my plan monthly fees.

Check this box if you are paying for this plan and are not the member.

X _____ Date: _____

Signature of the Depositor or Credit Card Holder (Must be signed by employer if employer is paying the plan monthly fees)

Agreement of Terms & Conditions (Please Print Clearly)

I, the customer, confirm that I am a member in good standing of National Association of Preferred Providers (NAPP). As a member of the NAPP association, I am entitled to purchase limited group health, accident, and dental insurance benefits after a waiting period; for specific benefit waiting periods, call Member Services at **1.866.365.5829**.

I understand that I have purchased **Additional Benefits - UR** from _____, IMA# _____.

I have read and understand the cancellation policy and disclosures set forth below.

X _____ Date: _____
Signature

Program Disclosures

The association limited group insurance benefits being offered to NAPP members are NOT COMPREHENSIVE HEALTH INSURANCE and waiting periods apply. For specific benefit waiting periods, call Member Services at **1.866.365.5829**. The group benefits being offered to NAPP members are marketed by American Workers Insurance Services (AWIS), a licensed insurance agency.

Cancellation Policy: American Workers Insurance Services plan renews automatically by continuing the payment of the monthly fees. There is no renewal fee. In addition to paying monthly, the fees can be paid quarterly, semi-annually, or annually. If the member wishes to change their billing cycle, they should contact American Workers Insurance Services at **1.866.365.5829**. Members may cancel their plan in writing without giving a reason during the

first thirty (30) days from the date of the postmark on the member fulfillment package, plus five (5) days, and will receive a refund of monthly plan fees paid. The one-time enrollment fee is held as a non-refundable processing fee. The cancellation effective date shall be the date of the postmark if sent by mail and the business day of receipt if sent by facsimile transmission. Members should allow three (3) to four (4) weeks for their refund. Members may cancel their plan at any time after the first thirty (30) days, provided American Workers Insurance Services is given written notice of cancellation. Plan package and cards must be returned upon cancellation. It may take up to fourteen (14) to thirty (30) days after receipt of a valid cancellation request in order for charges, debits, or drafts to stop.

Limited Association Group Insurance Benefits Disclosures

¹ **Critical Illness:** Association group insurance policy (897513999) issued and underwritten by Kanawha Insurance Company, a member of Humana. If individual option is selected, Critical Illness includes primary member only. If family option is selected, both the primary member and spouse are included; spouse is covered to half the face amount of the benefit. The benefit is subject to 12/12 Pre-existing Limitation.

² **\$15K Term Life Insurance / \$15K Accidental Death & Dismemberment:** Association group insurance benefits provided through an insurance policy (01-01-86553) issued and underwritten by The Lincoln National Insurance Company, a member of Lincoln Financial Group.

AWIS_AdditionalBenefits-UR_Application | Rev:08.11.2015

