

ACCIDENT SHIELD
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
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Dependent (if included)		Sex	Date of Birth

Complete ONLY If List Bill or Payroll Deduction Through Employer

Employer/Company Name	Employer/Company Phone #
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\$2500, \$5000, \$7500 or \$10,000 Accident Shield		
	Monthly/ACH	Annual
Single 2.5K	\$22.00	\$264.00
Family 2.5K	\$35.00	\$420.00
Single 5K	\$28.00	\$336.00
Family 5K	\$45.00	\$540.00
Single 7.5K	\$35.00	\$420.00
Family 7.5K	\$54.00	\$648.00
Single 10K	\$43.00	\$516.00
Family 10K	\$64.00	\$768.00

Monthly direct bill add \$2.50 per billing period.

	+		+	\$10.00	=	
Chosen Rate		Direct Bill		One 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.**

Payment Option

Check Credit Card Employer Sponsor

Payment Mode

M-ACH ANN
(ACH Attach Void Check)

Direct Mo (Add \$2.50 DIRECT)

Make Check Payable to: WBA

For direct monthly paper invoice, add \$2.50 per month. The \$2.50 fee does NOT apply to annual payment.

Credit Card Information

VISA MC DISCOVER AMEX

Card Number	Expiration (Mo/Yr)
Name on Credit Card	

Member Signature	Date	Producer Name	Producer #
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