

ACCIDENT SHIELD

SUPPLEMENTAL BENEFITS PLAN

MEMBERSHIP APPLICATION

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

Complete ONLY If List Bill or Payroll Deduction Through Employer

Employer/Company Name	Employer/Company Phone #
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\$5000 Accident Shield				
	Monthly/PAC	Quarterly/PAC	Semi-Annual	Annual
Single	\$22.00	\$66.00	\$121.00	\$220.00
Family	\$35.00	\$105.00	\$192.00	\$350.00
\$10,000 Accident Shield				
	Monthly/PAC	Quarterly/PAC	Semi-Annual	Annual
Single	\$34.00	\$102.00	\$187.00	\$340.00
Family	\$47.00	\$141.00	\$258.00	\$470.00

Payment Option

Check Credit Card Employer Sponsor

Payment Mode

MPAC QPAC S/A ANN
(PAC Attach Void Check)

Direct Mo Direct QT (Add \$2.50 DIRECT)

Make Check Payable to: WBA

Credit Card Information

VISA MC DISCOVER AMEX

Card Number _____ Expiration (Mo/Yr) _____

_____ Name on Credit Card

Add \$10.00 One Time admin fee to initial payment.
Monthly & Qt direct bill add \$2.50 per billing period.
Monthly direct bill requires 2 month's premium upon submission.
Group List Bill available. Ask Representative for details.

_____	+	_____	+	\$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 premiums 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, if applicable. This authorization is to 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.