



Basic Plans



“Bridging The Void of Uncertainty”

Agent Guide

Introduction to GAP Insurance

What Is GAP Insurance?

As consumers face higher co-pays, deductibles and health care premiums, GAP insurance has become increasingly more popular. Also commonly known as “bridge” insurance, GAP plans are designed to cover the gaps or holes in an individual’s primary health plan.

How GAP Insurance Benefits The American Worker?

GAP insurance can help bridge times of uncertainty for Americans and bring peace of mind by providing several key benefits:

- Helps offset costs incurred as a result of a high deductible or co-payments
- Reduces out-of-pocket expenses for healthcare costs not covered under an individual’s primary plan
- Helps pay for unexpected medical expenses incurred as a result of an accident or illness

AWA GAP Plans ~ A Unique HealthCare Solution

The GAP insurance plans offered through the Affiliated Workers Association (AWA) and the North American Consumer Alliance (NACA) are truly distinctive. They were specifically designed to address the needs of the value conscious American worker who has chosen a high deductible primary healthcare plan to reduce monthly expenses.

The AWA GAP Basic plans provide supplemental, cash benefits to offset medical expenses associated with critical illness or incurred as a result of an accident or injury. Each of these areas can quickly result in large medical bills for an individual for family. The financial impact of an illness or injury can be eased with the following insured benefits¹ included in the AWA GAP Basic plans:

- (1) Critical Illness – provides a cash benefit to help offset medical costs associated with a serious illness such as cancer, heart attack, kidney failure or a stroke
- (2) Accident Excess Medical Expense – provides a cash benefit to help cover remaining or outstanding expenses incurred as a result of an accident
- (3) Accidental Death and Dismemberment - pays a cash benefit to the beneficiary if the cause of death is due to an accident or fractional amounts of the policy are paid out to the insured individual that loses a bodily appendage or sight because of an accident

Combine these insured benefits with Consult A Doctor and the CVS Caremark Prescription Drug Discount Card Program, offered through the AWA membership, and you have a unique healthcare solution for your prospects.

¹ Insured benefit amounts vary by plan level.



A Look Into *The Insured Benefits*

Critical Illness Benefit ~

The GAP Basic plans pay a one-time benefit up to \$10,000 for each of the following critical illnesses: Cancer, Heart Attack, Kidney Failure, Major Organ Transplant, Paralysis, Stroke or Loss of Limb (s). The benefit is payable on the first diagnosis of each specified illness.

Scenario #1:

Tom is a 54 year old advertising executive with a high deductible major medical plan. Tom learned that his ad agency would be closing its local office and he would out of a job in several months. Uncertain about his future employment and stability, Tom purchased an AWA GAP Basic 2 plan for additional coverage. When Tom suffered a heart attack later that year, his AWA GAP Basic 2 plan helped minimize the medical expenses.

Under Tom's AWA GAP Basic 2 plan, Tom will receive a one-time, lump sum benefit of \$10,000 to apply towards expenses related to his heart attack.

Accident Excess Medical Expense Benefit ~

The Accident Excess Medical Expense Benefit, included in the GAP Basic plans, will pay the usual and customary expenses for medically necessary covered services resulting from an accident. Coverage is paid up to \$10,000 and is provided in excess of \$100 deductible.

Scenario #2:

Jill is a 46 year old financial advisor and an avid mountain biker in her free time. On a weekend biking outing, Jill has an accident and breaks her arm. Although she has major medical insurance, Jill is still faced with a \$1,300 out-of-pocket expense for medical costs related to her accident.

Luckily, Jill purchased an AWA GAP Basic 1 Plan, which will pay the remaining \$1,300 less the \$100 deductible.

Accidental Death & Dismemberment Benefits~

In the event that a sudden, unexpected or abrupt accident occurs by chance, the GAP Basic plan will pay a benefit amount for specified covered losses or loss of life. The covered losses or death must occur within 365 days of the accident.

Scenario #3:

Paul is a 43 year old store manager, a husband and father. On his way to work one morning, Paul was involved in a serious accident that resulted in the loss of his left hand and foot. Even though Paul had his group insurance plan through his employer, he was faced with thousands of dollars in out-of-pocket expenses, rehabilitation expenses, and loss of income while recovering.

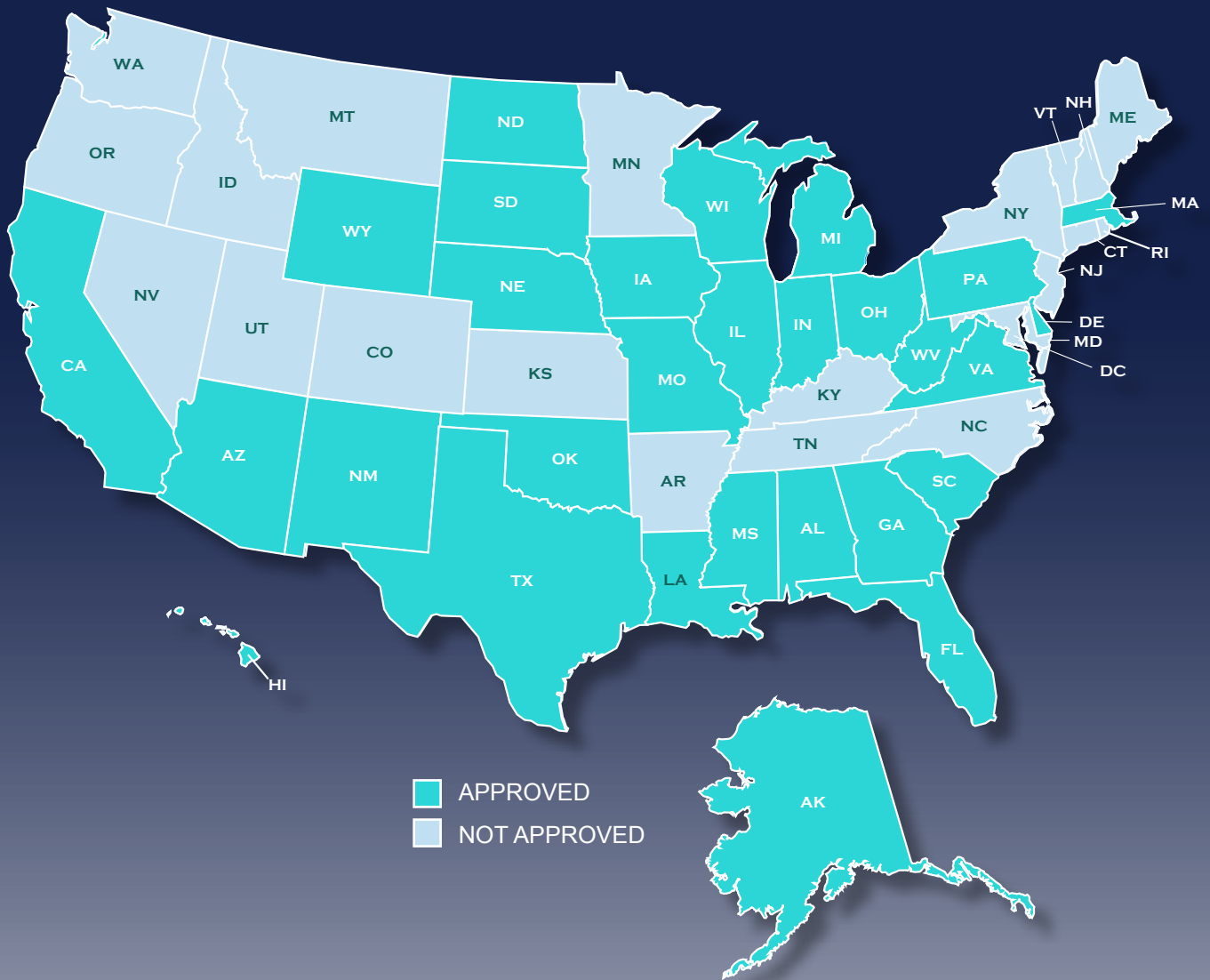
Fortunately, Paul had the foresight to purchase an AWA GAP Basic 2 policy to supplement his employer's health plan. In addition to the Hospital Confinement and Accident Excess Medical Expense benefits, Paul also received a check for \$30,000 for the Accidental Death and Dismemberment benefit included with his AWA GAP Basic 2 plan.

In a time of crisis, Paul was thankful for this additional coverage.

A Look Into *The Insured Benefits*

State Availability ~

AWA Gap Basic Plans are available in 30 states.



Benefits	AWA GAP Basic 1	AWA GAP Basic 2
Critical Illness Benefits¹		
Cancer	\$5,000	\$10,000
Heart Attack	\$5,000	\$10,000
Kidney Failure	\$5,000	\$10,000
Loss of Limb(s)	\$5,000	\$10,000
Major Organ Transplant	\$5,000	\$10,000
Paralysis	\$5,000	\$10,000
Stroke	\$5,000	\$10,000
Accident Excess Medical Expense Coverage		
Excess Medical Coverage Maximum Benefit (Per Accident per Insured)	\$5,000	\$10,000
Excess Medical Expense Deductible (Per Accident per Insured)	\$100	\$100
Accidental Death & Dismemberment Benefits²		
Accidental Death Benefit		
Accidental Death Benefit Amount	\$20,000	\$20,000
Insured		
% of Coverage for Primary Insured	100%	100%
Insured + Spouse		
% Coverage for Spouse	50%	50%
Insured + Child(ren)		
% Coverage for Dependent Child(ren)	15%	15%
Family		
% Coverage for Spouse	40%	40%
% Coverage for Dependent Child(ren)	10%	10%
Dismemberment Benefits		
Loss of Both Hands or Both Feet	\$20,000	\$20,000
Loss of One Hand & One Foot	\$20,000	\$20,000
Loss of One Hand or One Foot & Sight in One Eye	\$20,000	\$20,000
Loss of Sight in Both Eyes	\$20,000	\$20,000
Loss of Speech & Hearing	\$20,000	\$20,000
Loss of Speech or Hearing	\$10,000	\$10,000
Loss of One Hand or One Foot or Sight in One Eye	\$10,000	\$10,000
Loss of Thumb & Index Finger of Same Hand	\$5,000	\$5,000
Loss of Hearing in One Ear	\$5,000	\$5,000

Monthly Membership Rates		
	AWA GAP Basic 1	AWA GAP Basic 2
INSURED	\$32.00	\$52.00
INSURED + SPOUSE	\$42.00	\$93.00
INSURED + CHILD(REN)	\$44.00	\$98.00
FAMILY	\$46.00	\$101.00

AWA GAP Basic Plans are available in the following states: AL, AK, AZ, CA, D.C., DE, FL, GA, HI, IL, IN, IA, LA, MA, MI, MS, MO, NE, NM, ND, OH, OK, PA, SC, SD, TX, VA, WV, WI, WY

AWA GAP Basic Accident Excess Medical Expense and Critical Illness benefits are underwritten by Zurich.

¹ Critical Illness benefits are available for an active Member and a Dependent Spouse.

² Accidental Death and Dismemberment benefits are available with the Accident Excess Medical Expense policy.

General Exclusions

A loss shall not be a Covered Loss if it is caused by, contributed to, or resulted from:

1. Suicide or any attempt at suicide or intentionally self-inflicted Covered Injury or any attempt at intentionally self-inflicted injury.
2. War or any act of war, whether declared or undeclared.
3. Involvement in any type of active military service.
4. Illness or disease, regardless of how contracted, medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods.
5. Participation in the commission or attempted commission of a crime, any felony, an assault, insurrection or riot.
6. Being intoxicated.
 - a. A Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
 - b. An autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.
7. Being under the influence of any prescription drug, controlled substance, or hallucinogen, unless such prescription drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
8. Travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight.
9. Release, whether or not Accidental, or by any person unlawfully or intentionally, of nuclear energy or radiation, including sickness or disease resulting from such release.
10. A cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident.
11. Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act, No Fault Auto Coverage or similar law.

Critical Illness Exclusions and Limitations

In addition to any other conditions, exclusions or limitations set forth in the Coverage, no coverage will be provided if the Covered Condition is caused by, occurs during or results from:

- a. Participation in the commission or attempted commission of a felony.
- b. Voluntary participation in a riot or insurrection.
- c. Refusing certain types of recommended medical treatment, as follows:
 - i. A Physician has recommended treatment with angioplasty or coronary artery bypass graft for coronary artery disease, the Covered Person refuses this treatment, and the Covered Person suffers a Heart Attack;
 - ii. A Physician has recommended treatment for a brain aneurysm or carotid artery stenosis, the Covered Person refuses treatment, and the Covered Person suffers a Stroke; or
 - iii. A Physician has recommended a diagnostic biopsy or diagnostic/therapeutic excision of a mass or lesion suspected of being Cancerous, the Covered Person refuses, and the Covered Person develops Cancer.

If the Covered Person is Diagnosed with a Covered Condition that We determine to be a Pre-existing Condition, no Coverage Amount is payable for that Covered Condition until the earlier of the following:

- a. The end of a 12 consecutive month period, beginning on or after the Effective Date of coverage under this Rider, during which the Covered Person has received no medical advice or treatment in connection with the Pre-existing Condition; or
- b. the Covered Person has been continuously covered for two years after the Effective Date of coverage under this Rider.

Furthermore, We will not pay the Coverage Amount for a Covered Condition if:

- a. Such Covered Condition has not been Diagnosed by a Physician;
- b. Such Covered Condition was not Diagnosed until the Coverage had terminated; or
- c. The Covered Person's date of birth or age was misstated on the application for the Policy and, using the correct date of birth or age, the Coverage would not have become effective or would have terminated prior to Diagnosis of a Covered Condition.

Accident Excess Medical Expense Exclusions

In addition to the General Exclusions stated in the Policy, We will not cover expenses under this additional benefit for:

1. Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Covered Injury.
2. Any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Covered Injury.
3. Any expenses for a Pre-existing Condition, until the earlier of the following:
 - a. The end of a 12 consecutive month period, beginning on or after the Effective Date of coverage under this Rider, during which the Covered Person has received no medical advice or treatment in connection with the Pre-existing Condition; or
 - b. The Covered Person has been continuously covered for two years after the Effective Date of coverage under this Rider.
4. Covered Injury for which the Covered Person is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or other similar law.
5. Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
6. Treatment by any person Related to the Covered Person.
7. Expenses incurred for dental care, treatment, repair or replacement of sound natural teeth unless Medically Necessary for the treatment of the Covered Injury.
8. Expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Covered Injury.
9. A hernia.
10. Routine physical examinations and related medical services, elective treatment or surgery or experimental or investigative treatments or procedures.
11. A Medical Repatriation.
12. Expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders.
13. Expenses which the Covered Person is not legally obligated to pay.
14. Expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of a Covered Injury.
15. Expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Covered Injury has caused further impairment in the underlying bodily condition.
16. Treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of a Covered Injury.
17. Treatment of Osgood-Schlatter's Disease.

*** Exclusions and Limitations may vary from state to state. Please review your Certificate of Coverage for a complete list of exclusions and limitations**

Claims

For claims assistance contact:
 Zurich American Insurance Company
 PO Box 968041
 Schaumburg, IL 60196
 Or call (866) 841-4771

Insured Benefit Carriers

ZURICH

Zurich is one of the world's largest insurance groups, and one of the few to operate on a truly global basis. Our mission is to help our customers understand and protect themselves from risk.

With over 60,000 employees serving customers in more than 170 countries, we aspire to become the best global insurer as measured by our shareholders, customers and employees.

We offer a wide range of general and life insurance products and services for individuals, small businesses, mid-sized and large companies and multinational corporations. We have strong positions in North America and Europe, and growing positions in Asia-Pacific, the Middle East and Latin America.



ZURICH



AWA *Association and Benefits*

The Affiliated Workers Association (AWA) is a nationwide network of professionals, tradesmen, small business owners and the self-employed. The AWA is dedicated to ensuring that each American worker is empowered to make sound financial, personal and health decisions. Through the AWA, you are able to freely purchase health and lifestyle benefits that can save you and your family money.

The AWA works to empower you and provide you with ways to save money and live better. As an AWA member, you're entitled to a wide variety of consumer benefits that help you meet that goal. The AWA provides you with access to the Gap Insurance plans, administered by Homeland Healthcare, Inc.

AWA Benefits *Consult A Doctor*

Consult A Doctor

Consult A Doctor is the first telemedicine company to provide both online and telephone healthcare access. Free consultations with licensed, board-certified physicians can range from simple answers and basic health-related questions to more in-depth questions resulting in diagnosis and treatment recommendations, including prescriptions when appropriate. Prescriptions can even be called in to your pharmacy.



With four levels of service available 24 hours a day, 7 days a week, a U.S.-based physician is only moments away, based on your needs:

- ✓ On Call: Telephone consultation within minutes
- ✓ Priority: In-depth telephone consultation within an hour
- ✓ By appointment: In-depth telephone consultation at a time that's convenient for you.
- ✓ E-consult: Online consultation any time with Consult A Doctor's secure messaging system

You'll also have access to a comprehensive online personal health manager. This service features an electronic medical record that can be provided to your primary care physician for continuity of care, a health information reference library, a symptom checker and many other helpful tools.

CVS Caremark Prescription Drug Discount Card Program

This program, brought to you by CVS Caremark, allows you to easily save money on prescription medicines. This is NOT insurance. Rather, it is a way for you to get discounts on prescription medicines at most retail pharmacies.

- ✓ Save an average of 20 percent off prescription medicines. (Save the most on generic medicines)
- ✓ Use your card at most retail pharmacies nationwide.
- ✓ Get discounted pricing on commonly used prescription medicines at participating retail pharmacies.



About Your Savings

Your cost for medicine will be the lower of:

- (1) the discount price offered through this program; or
- (2) the pharmacy's retail price. This means you are assured the lowest price in that store, at the time you purchase the medicine.

Participating Retail Pharmacies

The CVS Caremark contracted drug discount network extends across the United States and consists of more than 60,000 participating retail pharmacies. CVS Caremark provides excellent national and regional coverage by offering a large and stable pharmacy network with proven accessibility. CVS Caremark also provides a Pharmacy Help Desk to answer questions from participating pharmacists.

The CVS Caremark retail pharmacy network pharmacists are aware of the discount rates CVS Caremark offers and have agreed voluntarily to participate in the discount program, since it helps increase total sales volume within their stores.

Fill your prescriptions in three easy steps:

1. **Select a pharmacy** – Choose a participating pharmacy. Remember, discounted prices are only available at retail pharmacies participating in this program.
2. **Present your discount card and prescription to the pharmacist** – If you do not show your card with your prescription, you might not receive discounted pricing.
3. **Pay for your medicine**—The pharmacist will tell you the cost of your medicine.

Consumer Solutions

CarPerks	1-800-Flowers
Car Rental Discounts	PowerNet Global Internet Access Services
Emergency Roadside Assistance	PowerNet Global Long Distance
HopTheShops.com	SafetyNet Child ID Card Services
Identity Theft Insurance	Savers Club Books
ITC-50 Discount Hotel Program	Travel Assistance Plan
Magazine Subscription Discount	Travel Club
Moving Van Lines Discount	

Business Solutions

ADP Payroll Processing	National Transaction Corp.
American Solutions for Business	Office Depot Discount
Printing Discount	OnLetterhead
Collection Services Discount	Penny Wise Office Supplies Discount
Crisp Fifty Minute Series	Sprint
Customized Web Services	TravelCell
Hewlett-Packard Discount	UPS Discount
Integrated Communications	

Health Solutions

24 Hour Nurse Hotline	Gateway Emergency Personal
Association Hearing Services	Health History Medicaid
Consult A Doctor	Gym America.com
CVS/Caremark Discount Prescription	Health FitLabs Vitamin Discount
Card/Minute Clinic	

Membership Verification Pass

AWA

Membership Verification Pass

Your AWA membership includes exclusive access to our online Membership Verification Portal for you and the healthcare providers you choose. The Membership Verification Portal provides a single, convenient web site through which you may print a Membership Verification Pass that includes your benefit information.

Your Membership Verification Pass contains information about your GAP Basic Insurance plan and other AWA benefits, including:

- ✓ amounts your plan will pay for covered services;
- ✓ calendar year maximums;
- ✓ prescription discount card benefit.

Your Membership Verification Pass is not a guarantee that benefits will be paid, but provides a summary of your benefits for you to take with you to medical appointments. Both your Membership Verification Pass and your Membership ID card should be presented to your healthcare provider each time you receive services in order to assist you and your provider in maximizing the value of your AWA benefits.

www.membershipvp.com

MEMBERSHIP VERIFICATION PASS

To Verify Eligibility of Benefits
Visit: www.MembershipVP.com
Call: 800-483-4240

Member #: 123456789 Group ID: AWA
Effective: 01-01-2012 Coverage: Family

Insurance Underwriter

088-811-4771

Please send claims to:
Zurich American Insurance Company
PO Box 980001
St. Louis, MO 63108

Prescriptions

Call: 800-330-8477
Refill: 800-330-8477
Fax: 800-330-8477

Consult A Doctor

Activate your Account
800-545-6438
www.hospitalandconsultadoc.com
This is Not Insurance

AWA GAP Basic 2 Health Insurance Plan Summary

Critical Illness Benefits ¹	
Cancer	\$10,000
Heart Attack	\$10,000
Kidney Failure	\$10,000
Loss of Limbs	\$10,000
Major Organ Transplant	\$10,000
Paralysis	\$10,000
Stroke	\$10,000

Benefits provided by Zurich

Accident Excess Medical Expense Benefit ¹	
Excess Medical Coverage Maximum Benefit	\$10,000
Excess Medical Expense Deductible	\$100

Benefits provided by Zurich

Accident Death & Dismemberment Benefit ²	
Accidental Death	
Accidental Death Benefit	\$20,000
Insured	
% of Coverage for Primary Insured	100%
Insured + Spouse	
% of Coverage for Spouse	50%
Insured + Children	
% Coverage for Dependent Child(ren)	15%
Family	
% Coverage for Spouse	40%
% Coverage for Dependent	10%
Dismemberment Benefits	
Loss of Both Hands or Feet	\$20,000
Loss of One Hand & One Foot	\$20,000
Loss of One Hand or One Foot & Sight in One Eye	\$20,000
Loss of Sight in Both Eyes	\$20,000
Loss of Speech & Hearing	\$20,000
Loss of Speech or Hearing	\$10,000
Loss of One Hand or One Foot or Sight in One Eye	\$10,000
Loss of Thumb & Index Finger or Same Hand	\$5,000
Loss of Hearing in One Ear	\$5,000

Benefits provided by Zurich

AWA GAP Basic Plans are available in the following states: AL, AK, AZ, CA, D.C., DE, FL, GA, HI, IL, IN, IA, LA, MA, MI, MS, MO, NE, NM, ND, OH, OK, PA, SC, SD, TX, VA, WI, WY.

AWA GAP Basic Accident Excess Medical Expense and Critical Illness benefits are underwritten by Zurich.

¹ Critical Illness benefits are available for an active Member and a Dependent Spouse.

² Accidental Death and Dismemberment benefits are available with the Accident Excess Medical Expense policy.

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Q. Can I get an AWA GAP Plan, if I have a pre-existing condition?

A. Yes, you are able to obtain an AWA GAP plan if you have a pre-existing condition; however, a waiting period may apply before you are eligible to receive benefits related to a pre-existing condition. The limitations vary by insurance carrier and are outlined below:

- Critical Illness, Accident Excess Medical Expense and Accidental Death & Dismemberment Benefits (Zurich): There is no coverage for any expenses for a pre-existing condition, until the earlier of the following:
 - a. The end of a 12 consecutive month period, beginning on or after your Effective Date of coverage, during which you have received no medical advice or treatment in connection with your pre-existing condition; or
 - b. You have been continuously covered for two years after your Effective Date of coverage.

Q. Will I receive identification cards?

A. Yes. You will receive personalized identification cards for your wallet. You'll also receive a fulfillment kit that contains phone numbers, web links and information describing how to use all the benefits included in your AWA GAP Plan.

Q. What is the co-pay or deductible?

A. Except for the Accident Excess Medical Expense, there's no deductible or co-pays. Your benefits begin paying for your healthcare expenses right away. The accident medical expense has a \$100 deductible but no co-pays.

Q. Does the doctor file benefit claims for me?

A. It depends on the provider although you can file a claim yourself by submitting a claim form to the address on the back of your medical ID card. Always check with your provider to ensure you are aware who is responsible for filing the claim.

Q. When can I begin using benefits?

A. You can begin using your benefits on your plan's effective date, subject to the terms and conditions of the plan.

Q. What if I need to go to the doctor and have not received my identification card yet or have lost it?

A. If the membership is in effect and you do not have the card yet, contact the AWA's Member Services at 800-493-4240 or log onto MembershipVP.com. We can provide the doctor or hospital with verification of coverage and all the information needed to process your claims. If you have lost your card and are in need of a new one, the AWA's Member Services can assist you with ordering a replacement as well.

Membership Application

AWA

* Fields are required.

APPLICANT INFORMATION

_____ Date _____

Are you an Independent Contractor or a member of an Association or Business Organization? ☐ Yes ☐ No

Name of Business / Association / Business Organization _____

Enrollee Name * _____

Enrollee Address * _____

City * _____ State * _____ Zip * _____

Social Security Number _____ Daytime Phone Number _____

Gender: ☐ Male ☐ Female

Date of Birth * _____ E-mail Address * _____

EMPLOYEE INFORMATION

Name of Employer _____

Employer Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

By signing below, I authorize the AWA to collect monthly membership dues, including a \$5 administration fee. I acknowledge that I have read, understand, and agree to the terms and conditions of membership as they have been presented to me.

I hereby enroll as a member of the Affiliated Workers Association (AWA). I appoint the Secretary of the Association in office at any particular time as my proxy to receive notice of and attend all meetings of the members and vote on my behalf and to otherwise act for me in the same manner and with the same effect as if I were personally present. This proxy shall be valid until revoked at any time prior to voting at any meeting by executing and delivering a written notice of revocation to the Secretary of the Association, by executing and delivering a subsequently dated proxy to the Secretary of the Association or by voting in person.

Member Signature

Member Name (Print)

Date

Enrollee's Signature

Date

Enrollment Form

AWA

* Fields are required.

GROUP or ASSOCIATION Affiliated Workers Association **Requested Effective Date** _____

Enrollee Name * _____

Enrollee Address * _____

City * _____ **State *** _____ **Zip *** _____

Social Security Number * _____ **Daytime Phone Number** _____

Gender: ☐ Male ☐ Female

Date of Birth * _____ **E-mail Address *** _____

MEMBERSHIP LEVELS

Selection: ☐ AWA GAP Basic 1 ☐ AWA GAP Basic 2

Coverage: ☐ Insured ☐ Insured + Spouse ☐ Insured + Child(en) ☐ Family

SPOUSE & DEPENDENT INFORMATION

(Write spouse's name below if you are applying for Enrollee and Spouse or Enrollee and Family coverage; if no spouse or if spouse is not to be covered, put N/A or "None" in space below.)

Spouse's Name _____ **Date of Birth *** _____ **Social Security Number** _____

Beneficiary* (Please print full name) _____ **Relationship:** _____

*The enrollee will be the beneficiary for his or her spouse and/or dependent children if dependent coverage is selected unless designated otherwise.

Dependent Name	Date of Birth *	Social Security Number	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I and the individuals named herein are eligible for membership. I understand that the GAP health insurance included with my membership is not major medical coverage and it is not intended as a substitute for basic health insurance or major medical coverage. Membership will not begin until the effective date shown in the member guide documents. I further understand that the coverage under the GAP health insurance plan will not pay benefits for hospital confinement for a Pre-Existing Condition for a period of 12 consecutive months. I authorize Homeland HealthCare to collect any and all fees and dues for this membership. By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of membership as they have been presented to me. I understand that the one time \$49 membership processing fee is being collected on my behalf.

CREDIT CARD OR AUTOMATIC BANK DRAFT

Credit Card Type _____ **Card Number** _____ **Expiration Date** _____ **Security Code** _____

Bank Name _____ **Routing Number** _____ **Account Number** _____

Applicant Signature **Date**

Agent Signature **Agent Name (Print)** **Agent Number**



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