

In order to process your application for the NACD/American Medical Access Plan, you must select one of the following payment options:

DIRECT DEBIT AUTHORIZATION

You must complete the information below to activate the direct debit payment feature. Remember that a monthly \$2 direct debit fee will be added to your total premium. This form must accompany the application.

I hereby authorize American Benefit Administrative Services, Inc., hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary credit entries and adjustments to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such amount. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CUSTOMER NAME: _____

CUSTOMER SS#: _____

BANK NAME: _____

Bank Name* Routing Number* Account Number*

BANK ADDRESS: _____

Routing Number Account Number
 For
 123456789 1234567891011 1117 — Check Number

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

 CUSTOMER Signature

 DATE

* Due to the time required for Company and bank processing, allow one or two weeks for processing.

IMPORTANT! CHECK TYPE OF ACCOUNT: () CHECKING () SAVINGS

CREDIT CARD AUTHORIZATION

You must complete the information below to activate the credit card payment feature. Remember that a monthly 2.5% credit card processing fee will be added to your total premium. This form must accompany the application.

I hereby authorize American Benefit Administrative Services, Inc., hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary credit entries and adjustments to my (our) credit card account indicated below. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

CUSTOMER NAME: _____

CUSTOMER SS#: _____

CREDIT CARD TYPE: Visa MasterCard

EXPIRATION DATE: _____ / _____ / _____

CREDIT CARD #:

 CUSTOMER Signature

 DATE

FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

[Arkansas/Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.
DC	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky/Ohio	I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico/ Pennsylvania	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 subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]