



APPLICATION FORM

(ALL FIELDS ARE REQUIRED)

YES! I WOULD LIKE TO JOIN THE **Preferred Dental Plan** PROGRAM (DISCOUNT PLAN).

HOW DID YOU HEAR ABOUT US? _____

NAME: _____ **Check one:**
 MALE FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

E-MAIL: _____

CHOOSE YOUR METHOD OF PAYMENT (CHECK ONE BOX ONLY)

CHECK OR MONEY ORDER (FOR ANNUAL AMOUNT):
PLEASE MAKE PAYABLE TO NBBI and send to address below.

(Please check one) HOUSEHOLD \$74.95

THIS INCLUDES A NON-REFUNDABLE ONE-TIME \$15.00 APPLICATION FEE FOR THE FIRST YEAR ONLY.

THIS IS NOT INSURANCE.

CHARGE TO MY CREDIT CARD YEARLY:

(Please check one) HOUSEHOLD \$ 74.95 (\$59.95 + \$15.00 App Fee)

THIS INCLUDES A NON-REFUNDABLE ONE-TIME \$15.00 APPLICATION FEE FOR THE FIRST YEAR ONLY

THIS IS NOT INSURANCE.

National Benefit Builders, Inc. (NBBI) will charge your credit card each and every year, in accordance with your selection above, for as long as you are a member of the plan. The first charge will include the non-refundable one-time \$15.00 application fee.

THE CREDIT CARD I AM USING IS: VISA MASTERCARD AMEX DISCOVER

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNED _____ DATE _____

PLEASE SEND THE COMPLETED FORM (AND CHECK) TO: Long Term Consumer Care, Inc.
N27 W23960 Paul Road Suite 201
Pewaukee, WI 53072

IF YOU ARE PAYING BY CREDIT CARD, YOU MAY FAX THIS FORM TO (262) 523-1910 INSTEAD.
FOR QUESTIONS REGARDING THIS FORM, CALL TOLL FREE (800) 544-9505.

[PreferredDentalPlan]



PLEASE KEEP THIS FOR YOUR RECORDS.

YEARLY HOUSEHOLD \$74.95
(THIS INCLUDES A NON-REFUNDABLE ONE-TIME \$15.00 APPLICATION FEE)

TERMS AND CONDITIONS

This plan is not available where prohibited by law. The program and its administrators have no liability for providing or guaranteeing services or the quality of services rendered. Note to Utah residents: This program is not protected by the Utah Life and Health Guaranty Association.

Renewal Conditions: By joining the plan, you are authorizing NBBI to bill your credit card or checking account. This charge shall remain in force until you notify NBBI in writing of its cancellation. This plan will automatically renew (monthly or annually) until canceled.

Termination Conditions: NBBI reserves the right to terminate plan members from its plan for any reason, including non-payment.

Cancellation Conditions: If for any reason within 45 days of joining the plan you are dissatisfied with the plan, you may return the ID cards to NBBI and receive a full refund of all membership fees paid. The one-time application fee is not refundable. Return the card(s) with your cancellation letter to: NBBI, 248 Columbia Turnpike, Florham Park, NJ 07932. If you cancel at any time after the 45 day period, and you have pre-paid any membership fees, the prepayment will be refunded on a pro-rata basis for months you have not used.

Complaint Procedure: You must submit all complaints or grievances, in writing, to AccessOne Consumer Health, Inc. at 84 Villa Road, Greenville SC 29615.

Disclosure: 1. This plan is not a health insurance policy. 2. This plan provides discounts at certain healthcare providers for healthcare services. 3. This plan does not make payments directly to providers of healthcare services. 4. The plan member is obligated to pay for all healthcare services at the time that services are performed unless other arrangements have been agreed to by the provider.

Savings are based on providers' normal fees. Because this is not insurance, there is no limit on the times you can use the program, nor are there any exclusions for work in progress or existing conditions. Discounts cannot be used with any other discount plan or promotion. This plan does not discount all procedures. Prices charged by vendors may be adjusted from time to time, without notice to the cardholder. Occasionally, certain providers may offer products or services to the general public at prices lower than our vendor prices. In such an event, the member will be charged the lower price. **This is a discount program, NOT insurance**, and may be discontinued or modified at any time. Preferred Dental Plan is a brand name of National Benefit Builders, Inc.(NBBI). NBBI is not a licensed insurer, HMO, or any other underwriter of healthcare services. No portion of any provider's fee will be reimbursed or otherwise paid to a participating member by NBBI. Providers in the Preferred Dental Plan program are solely responsible for the professional advice and treatment rendered to members and NBBI disclaims any liability with respect to such matters. NBBI reserves the right to replace any network and will notify members accordingly. Discounts on professional services are not available where prohibited by law.

This program is administered through AccessOne Consumer Health, Inc.
For questions or complaints, contact us at 84 Villa Road, Greenville SC 29615