



NATIONAL EMPLOYERS ASSOCIATION

A Non-Profit Association Founded in 1961

Membership Benefits Include:



DISCOUNT & SAVINGS PROGRAMS AND FAMILY KEYS PROGRAM PLUS

24 HOUR EMERGENCY ROOM COVERAGE FOR SICKNESS & ACCIDENT



\$1,000 PER EMERGENCY ROOM VISIT

Individuals - Families - Groups

Approved and underwritten by PRESIDENTIAL LIFE INSURANCE COMPANY, NYACK, NEW YORK in all states except OR, NH & NJ
Policy Form AM 2007

The Dividend Club: National Employers Association members will earn dividends on Merchandise, Services, Travel & Entertainment when you shop from our On-Line Mall and make purchases. Choose from retailers such as Walmart.com, Target.com, BestBuy.com, CircuitCity.com, CompUSA.com, DisneyStore.com, OfficeMax.com, BrooksBrothers.com, Buy.com, EddieBauer.com, LizClaiborne.com, FOA.com, FOSSIL.com, HotelDiscount.com, JCrew.com, etc.

Family Keys helps organize the family's personal information with software that consists of three easy-to-use sections:

1. Key Financial Steps: Quickly helps to create records and to locate your important financial information. Prints reports and create a complete personal financial profile that is essential for developing financial plans. **2. Keys To Good Health:** Allows you to create complete and accurate health records for each family member, Invaluable when changing doctors. The genealogy category lets you trace prior generations health history. **3. Key Possessions:** A very convenient and easy way to inventory household property and validate ownership when filing and tracking Insurance claims, print police and insurance loss reports.

PLUS

**All members and their qualifying dependents also receive the
24 Hour Emergency Room Coverage for Sickness or Accident.**

Benefits are up to \$1000.00 per emergency room visit subject to a \$100 deductible per emergency room visit and limited to 2 claims per year, limits and maximums shown in the Certificate Schedule.

National Employers Association Enrollment Form

☒ **NEA Membership – Individual or Family \$20.00* per month**
(add \$3.00 additional monthly fee if paying with Credit Card)

* Includes \$5.00 Monthly Administrative Fee

MEMBER

☐ Male ☐ Female

Last Name

First Name

Middle Initial

e-mail Address

Occupation

Social Security Number

Age (max 69)

Date of Birth

Home Phone

Work Phone

Street Address

City

State

Zip Code

FAMILY MEMBERS (List spouse (max age 69) and dependent children to age 19 or full time students under age 25)

Name

Age

Date of Birth

Relationship

Social Sec. #

(Sex) M/F

I agree to the terms and conditions of NEA Membership as listed on the reverse side of this form.

Member Signature

Date Signed

See Reverse
Side for
Billing Options

Representative Name (please print)

Representative #

Representative Phone #

Terms and Conditions

1. Member understands that NEA is not an insurance company or program. Accident Benefit Payments are made by the insurance company issuing the blanket coverage to Members. 2. NEA provides savings to its members on services through a number of sources. The current list of benefits may be modified through additions or deletions. A quarterly newsletter, posted on our web site or sent via e-mail, will keep Members up to date on benefits and other pertinent information. 3. Payments for the NEA Program are due in advance. Payments will be drafted on or about 15 days before the due date. If you choose to cancel your program, it is your responsibility to make sure that your membership card and a written request for cancellation are sent to NEA at least 15 days prior to the anniversary of your effective date in order for your account not to be charged for additional fees. 4. Member hereby appoints, National Employers Association (NEA) President, or failing this person, a NEA Director, as proxy holder for and on behalf of the member with the power of substitution to attend, act and vote for and on behalf of the member in respect of all matters that may properly come before the meeting of the members of NEA and at every adjournment thereof, to the same extent and with the same powers as if the undersigned member were present at the said meeting, or any adjournment thereof. Annual meetings are to be held in Arizona the second Tuesday of August. 5. NEA reserves the right to terminate any enrollment or deny eligibility in the program for lack of payment to NEA. Returned checks, insufficient notices on bank drafts or denial by the member's credit card company for payment of the membership fee is deemed to be evidence of non-payment by a member. There will be a \$10.00 charge to be reinstated in the program after such denial. If reinstatement for non-payment happens more than once, a \$20.00 reinstatement Fee will apply. 6. In the event of any dispute, member agrees to resolve said dispute solely by binding arbitration that shall be governed by the laws of the state of Arizona and enforceable at Scottsdale, Maricopa County. 7. Membership canceled within the first 30 days of the enrollment date may be eligible for refund if the membership card and written cancellation request are sent to NEA. The administrative fee is not refundable. Approved refunds will be processed approximately 30 days after the cancellation. 8. Membership is effective on the 1st of the month following enrollment acceptance by NEA.

Member Agreement:

By signing your enrollment form, Member expresses desire to become a member of National Employers Association. Member acknowledges that the discount plans ARE NOT INSURANCE, but membership includes certain limited supplemental insured coverage's. NEA members may enroll into programs that provide limited supplemental insured coverage's and other member benefits through affiliation with Value Benefits of America Association. Membership benefits are not a replacement for health insurance coverage nor are they intended as a substitute for health insurance coverage. Membership fees may change for all members, but not individually, with notification.

Emergency Room Benefits Description

Subject to the definitions, provisions, exclusions and limitations stated herein, The Carrier will pay the Emergency Room Benefit shown in the Schedule if a Covered Person requires medically necessary treatment by a Physician in a hospital emergency room for a medical emergency due to Injury or Sickness. The Carrier will pay a benefit not to exceed Usual and Customary charges for emergency room Covered Expenses.

Covered Expenses are the following charges:

- 1) charges of a licensed and legally accredited hospital;
- 2) physician charges;
- 3) charges of or licensed registered nurse (R.N.), who is not a member of the Insured Person's family;
- 4) charges for X-Ray, laboratory tests, oxygen, casts, splints, crutches, braces (other than dental braces), blood, blood plasma, prescription drugs and medications;
- 6) charges for Injury or Sickness to sound, natural teeth; and
- 7) charges for rental of durable medical equipment of a medical or surgical nature, medically necessary for treatment of the Injury or Sickness and not used solely for comfort or convenience.

Pre-Existing Conditions Limitation: Expenses incurred for treatment of Pre-existing Conditions are not covered for the first 12 months following a Covered Person's Effective Date of Coverage under the Group Policy.

Exclusions and Limitations

We will not pay for any loss as a result of: 1) suicide, while sane or insane; or intentional, self-inflicted Injury or Sickness; 2) war or any act of war, whether war is declared or not; 3) service in one of the armed forces of any country or international authority; Note 1: If a Covered Person becomes a member of such armed forces during the policy term, upon receipt of written notice, We will refund pro rata the unearned premium. Note 2: This exclusion (1) does not apply to a Covered Person who is: a) a member of an armed force reserve corps or National Guard unit; and b) in attendance at an authorized active or inactive duty training session or other active duty that is less than 30 days. 4) riding as a passenger in or other activity related to any aircraft or other flying device of any kind; 5) hernia, however caused; 6) services or treatment provided by a family member or the Insured Person; 7) experimental or investigational procedures; 8) cosmetic surgery or procedures; 9) hospital room and board charges in excess of the semi-private room rate, unless hospitalized in an intensive care unit; 10) Injury or Sickness arising out of or in the course of employment for wage or profit, unless the Covered Person is ineligible for or legally exempt from Workers' Compensation coverage 11) any loss to which a contributing cause was the Covered Person's being engaged in any illegal occupation or activity, or commission of or attempt to commit a felony; 12) Injury or Sickness to which a contributing cause was the Insured Person being under the influence of or resulting from the use of intoxicants, including alcohol; or 13) Injury or Sickness resulting from the use of drugs, narcotics, hallucinogens, controlled or uncontrolled substances, unless administered on or according to the advice of a physician; or 14) related to pregnancy or childbirth.

Underwritten by PRESIDENTIAL LIFE INSURANCE COMPANY, Nyack, New York Policy Form AM 2007



CHOOSE BANK DRAFT OR CREDIT CARD

NEA Authorization to Honor Checks, Share Drafts, or Account Debits

Name of Depositor as it appears on Banking Institution Records

Account Number Routing/Transit Number Name of Banking Institution Branch

Street Address City State Zip Code

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of the entity designated above or its legal representatives for membership, benefits and/or insurance premiums.

I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance, benefits, or membership. I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

X

Signature of Depositor Date Additional Signature (if joint account) Date

CREDIT CARD PAYMENT

Monthly Payment Only

Enclosed is \$ ☐ Visa ☐ MasterCard
my payment: ☐ AMEX ☐ Discover

Card No.

3 or 4 Digit Security Code

Expiration Date Today's Date

Print Name of Cardholder

X

Signature of Cardholder Date