



**1203 Lake St., Suite 210  
Fort Worth, Texas 76102**

Application is hereby made to **CAREINGTON International**, by the Applicant, named below, hereinafter called “**Group**”, for the purpose of making available to individuals certain prepaid dental services and discounts issued by **CAREINGTON International**.

1. Complete Group Applicant Information

<b>Company Name</b>				
<b>Address</b>	Street	Suite	<b>DBA</b>	
	City	State	Zip	<b>E-mail</b>
<b>Office Contact</b>				<b>Phone</b> ( )
<b>Billing Contact</b>				<b>Phone</b> ( )

2. **The contract shall be effective 12:01 a.m., Central Time on \_\_\_\_\_.**

3. \_\_\_\_\_ Contributory \_\_\_\_\_ Non-Contributory

4. **Including:**

An employee of the Group who meets the requirements for service under the Group’s policies will be included for discount under this Contract.

A. Classes of members to be included: \_\_\_\_\_ Active \_\_\_\_\_ Retirees

B. Rules of Membership: \_\_\_\_\_

5. **Dental Care Services:** Dental Care Services are specified in Schedule of Services 500 Series.

**Vision Care Services:** EyeMed Vision Care

6. **Monthly Fee:** The monthly prepayment fee for the number of Members in each category below is due and payable from Group to **CAREINGTON International** beginning on the date specified in paragraph 2 of this Application, and on that same day for each month this contract continues in force. All services in Paragraph 5 are included in the monthly fees.

Employee Only: \_\_\_\_\_ \$ 5.95

Employee & One: \_\_\_\_\_ \$ 9.95

Employee & Household: \_\_\_\_\_ \$ 12.95

This contract shall become effective 12:01 a.m. Central Time, on \_\_\_\_\_ and shall be automatically renewed at the end of each Contract period unless terminated by **CAREINGTON *International*** or the Group as provided herein. The first Contract period shall commence as of the effective date and shall terminate at 12:00 a.m., Central Time on \_\_\_\_\_ unless terminated before this date by **CAREINGTON *International*** or the Group. This Contract shall continue in force subject to earlier termination by **CAREINGTON *International*** for (a) the failure of the Group to pay the prepayment fee, subject to a thirty-one day grace period; and (b) sixty days written notice for cause.

SIGNED ON BEHALF OF THE APPLICANT:

APPROVED BY:

\_\_\_\_\_  
(Employer/Association)

\_\_\_\_\_  
**CAREINGTON *International***

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Barbara L. Flood/Chief Executive Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

<b>GENERAL AGENT PROCESSING INFORMATION</b>			
<input type="checkbox"/> Number of Applications: _____ <input type="checkbox"/> Number of Employees: _____ <input type="checkbox"/> Contract: 500 Series, EyeMed Vision Care <input type="checkbox"/> Check # _____ Amount \$ _____ <input type="checkbox"/> Monthly amount \$ _____ Other _____	App fee amount: \$ _____ per applicant/group Frequency (circle one):      monthly      quarterly      annually Special Instructions:		
Managing Agent	General Agent <b>LIBIBZ</b>	Writing Agent <b>LIBIBZ</b>	Effective Date
<b>OFFICE USE ONLY</b>			
QBI Entered	By:	Group No. <b>ZDEM</b>	

**TERMS & CONDITIONS**

**Changes:** Change requests may be submitted during the month for charges to a member's tier, and changes may also be noted directly on the invoice. When family members are added or deleted, the information should be included on the change form or detailed on the invoice. All changes must have a first-of-the-month effective date. The policies for new application effective dates also apply to effective dates for changes. Agent of Record reassignment requests must be made in writing and signed by the group administrator.

**Cancellations:** Cancellations may be submitted in writing or noted on an invoice and must flow through the group administrator. Cancellations must have a first-of-the-month effective date. The policies for effective dates of new applications and changes also apply to effective dates for cancellations. Members may not be cancelled retroactively with an effective date that is backdated more than one month. Members may not reinstate within three months of a cancellation effective date unless back fees are paid. Any member appearing on an invoice for which payment is not included will be cancelled effective the first of the invoice month.

**Limitations, Exclusions & Exceptions:** This program is a discount membership program offered by CAREINGTON *International* Corporation. CAREINGTON is not a licensed insurer, health maintenance organization, or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by CAREINGTON. CAREINGTON is not licensed to provide and does not provide medical services or items to individuals. You will receive discounts for medical services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of your appointment. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The discounts contained herein may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this program. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider is a participant in the plan. At any time CAREINGTON has the right to eliminate a Participating Professional from the respective network in which they are associated and may substitute Provider networks at its sole discretion. CAREINGTON *International* cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Providers contracted by CAREINGTON are solely responsible for the professional advice and treatment rendered to members and CAREINGTON disclaims any liability with respect to such matters. Services and service providers may change or be discontinued at anytime without notice.

**Complaint Procedure:** If you would like to file a complaint or grievance regarding your plan membership, you must submit your grievance in writing to: Member Services, CAREINGTON *International* at 7400 Gaylord Parkway, Frisco, Texas 75034.

**Disclosures:**

- 1) Please note that **THIS IS NOT INSURANCE.**
- 2) The plan provides discounts at certain health care providers for medical services.
- 3) The plan does not make payments directly to the providers of medical services.
- 4) Plan members are obligated to pay for all health care services but will receive a discount from those healthcare providers who have contracted with the discount medical plan organization.
- 5) Discount Medical Plan Organization and administrator: CAREINGTON *International* Corporation, 7400 Gaylord Parkway, Frisco, TX, 75034; phone 800-441-0380.

The program and its administrators have no liability for providing healthcare service or guaranteeing the quality of service rendered. Note to Utah residents: This contract is not protected by the Utah Life and Health Guaranty Association.