

AmeriPlan Discount Program Membership Application

PROVIDER # 126404011

Primary Applicant's Information

First Name _____ MI _____ Last Name _____

Please register me (the primary member) automatically for SecureNet ID Monitoring.
(Primary member's SS# required) or you may register later to activate ID Monitoring services.

SS# _____ - _____ - _____

Date of Birth of Applicant _____ - _____ - _____ Male/Female

Residence or Work Telephone _____ - _____ - _____ Alternate Telephone _____ - _____ - _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Email: _____ AmeriPlan® may send me updates regarding my account via email (email required)

Members of Household - Additional names may be attached on a second sheet.

First Name	Last Name	Date of Birth
_____	_____	____ - ____ - ____
_____	_____	____ - ____ - ____
_____	_____	____ - ____ - ____



A Discount Medical Plan Organization.

AmeriPlan® Discount Programs are **NOT INSURANCE**.

AmeriPlan® Corporation, 5700 Democracy Drive, Plano, Texas 75024 Fax: 469-229-4589

I WANT TO PAY MY MONTHLY MEMBERSHIP FEE BY:

- BANK DRAFT:** Enclose your check for payment **AND** a voided check if paying by bank draft.
- CREDIT CARD:** Visa MasterCard Discover American Express

Card # _____ Expiration Date _____

X _____
SIGNATURE FOR CREDIT CARD OR BANK DRAFT

By submitting your enclosed check or credit card information you are authorizing an ongoing monthly draft.
Cancellation Policy: Cancellations require a 30-day written notice. Cancellation notifications may be sent by mail, fax or email at stop@stopmembership.com.

Membership Selection

- AccessSaver** \$ _____
Monthly Fee: \$14.95
- SecureNet** \$ _____
Monthly Fee: \$24.95
- Basic Wellness** \$ _____
Monthly Fee: \$14.95
- Dental Plus** (check one) \$ _____
 Individual Monthly Fee: \$14.95
 Household Monthly Fee: \$19.95
- Total Health** \$ _____
Monthly Fee: \$39.95

ONE-TIME REGISTRATION FEE: \$ _____
 NON-REFUNDABLE
 AccessSaver: \$5.00
 SecureNet, Basic Wellness, Dental Plus: \$20.00
 Total Health: \$30.00

TOTAL AMOUNT DUE: \$ _____

*SECURENET ID THEFT REIMBURSEMENT INSURANCE COVERAGE IS NOT AVAILABLE TO RESIDENTS OF NEW YORK AND MAY NOT BE AVAILABLE IN OTHER JURISDICTIONS.
 MRApp11/09/2021 SECURENET ID THEFT PROTECTION IS LIMITED TO THE PRIMARY MEMBER. AMERIPLAN SECURENET IS NOT AVAILABLE IN MONTANA OR VERMONT.

**If your application is processed between the 4th through the 18th of this month, your first draft will be on the 18th of next month, and each month thereafter.
 If your application is processed between the 19th of this month through the 3rd of next month, your first draft will be on the 3rd of the following month, and each month thereafter.**

DETACH THIS STRIP FROM THE APPLICATION. INSERT THE COMPLETED FORM IN THE PREPAID ENVELOPE AND DROP IN THE MAIL. IF YOU DO NOT HAVE OUR PREPAID ENVELOPE, PLEASE MAIL THIS COMPLETED FORM TO: AMERIPLAN, 5700 DEMOCRACY DRIVE, PLANO, TEXAS 75024 ATTENTION: APPLICATION PROCESSING