

Please subscribe me to the Veiovis Network

Last Name First Name M.I. Date of Birth

Mailing Address State Zip Code Male Female

Home Telephone Number Work Telephone Number Mobile Number

Employer Occupation Email

How did you hear about Veiovis?

Please list yourself and all family members you wish to subscribe under the Veiovis Subscription Plan:

(Note: THIS IS NOT INSURANCE COVERAGE)

Table with 7 columns: LAST NAME, FIRST NAME, M.I., RELATION, SEX, D.O.B., VEIOVIS USE ONLY

I(we) hereby authorize Veiovis, herein after called the COMPANY, to initiate debit entries for a 12 month period (locked-in-provision) or a one time discounted payment in full for the entire year subscription to our CHECKING, SAVINGS, or CREDIT CARD account indicated below at the depository financial institution/credit card company named below, hereinafter called the DEPOSITORY or the CREDIT CARD, and to debit the same to such account by the 15th of the month. I (we) acknowledge the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with U.S. law.

Subscription Price: Please check preferred payment option for each member. Choose between 12 monthly installments or one year payment in full.

- Individual: \$10.00/month or \$115.00/year
Spouse/Partner: \$5.00/month or \$55.00/year
Each dependent (21 or under): \$2.00/month or \$20.00/year

*Individual or Guardian must be enrolled to add spouse/partner/dependents. Each dependent must be 21 or under.

Payment Method (Select one - Checking Account, Savings Account or Credit Card)

- Cash Personal Check Checking Account Savings Account

If Cash is selected the entire year's membership fee must be paid in full.

(Attach voided copy of deposit slip or check if making changes from last plan year)

Financial Institution

Bank Routing Number

Account Number

- Credit/Debit Card (Please indicate credit card) American Express Mastercard VISA

Name on Card

Credit Card #: Exp. Date: CCU Code:

X Applicant's Signature Date:

Employee ID Number (For Veiovis Use Only)

Terms of VEIOVIS TRUEACCESSSM

- VEIOVIS TRUEACCESSSM (the “Program”) is a voluntary subscription program. It is not an insurance plan or insurance policy.
- The Program is available to residents of Guam and Saipan and family members who live in the resident’s household.
- The Program requires a minimum subscription period of one year.
- Access and rates under the Program become available upon receipt and acceptance of the Subscriber Form and payment.
- VEIOVIS TRUEACCESSSM discount can not be combined with any other discounts, packaged rates, co-pays or co-insurance.
- A spouse or partner and dependent that is not a subscriber may enroll at any time during the year but the subscription for the family shall be extended for a minimum subscription period of one year after such enrollment or for a one-time equivalent payment for the full 12-month period.
- The Program will charge a monthly or annual fee depending on the choice of the Subscriber.
- The fee for the Program is non-refundable, non-transferable and is not subject to pro-ration or adjustments.
- The monthly or annual fee does not cover the cost of health care or out-of-pocket expenses for subscribers.
- The Program provides access to and discounted fee-for-service rates for an international network of providers, the FHP Health Centers and the FHP Pharmacies on Guam and Saipan. Access includes the Dental and Vision Centers
- The Program provides referral services, care coordination and medical management for its subscribers engaged in medical travel abroad through its sister program GlobalAccess.
- The Program does not provide credit for services. Payment for services is due before or at the time services are rendered. Some appointments will require a deposit.
- The Program will make an attempt to collect from all potential payers on delinquent accounts.
- A subscription will be canceled after thirty (30) days of non-payment.
- Thirty (30) days prior to the expiration of your subscription we will send you a renewal notice.
- The Program will have a link on their website with program information and an on-line enrollment and payment form.
- The Program reserves the right to change the content of its Program terms and conditions, at any time, without prior written notice, to current subscribers in accordance with applicable law and regulations.

NOTICE: You will be assessed a payment rejection fee in the event your bank account or credit card rejects or dishonors a monthly or annual fee payment request or the Program receives a check returned for insufficient funds. In this event unless alternative payment arrangements are made with the Program within thirty (30) days to bring all arrears current, the subscription agreement will be terminated.