



# Member Enrollment Application

Phone: 877-247-8868

## Value 20 Life

FOR ASSOCIATION MEMBERS ONLY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 First MI Last Name Social Security Date of Birth Male/Female

\_\_\_\_\_  
 Address City State Zip  
 (\_\_\_\_) (\_\_\_\_)  
 Work Phone Home Phone e-mail Address (Required)

### DEPENDENT INFORMATION

_____ Last Name	_____ First Name	_____ MI	_____ Relationship	_____/_____/_____ Date of Birth	_____ Male/Female	_____ Social Security
_____ Last Name	_____ First Name	_____ MI	_____ Relationship	_____/_____/_____ Date of Birth	_____ Male/Female	_____ Social Security
_____ Last Name	_____ First Name	_____ MI	_____ Relationship	_____/_____/_____ Date of Birth	_____ Male/Female	_____ Social Security
_____ Last Name	_____ First Name	_____ MI	_____ Relationship	_____/_____/_____ Date of Birth	_____ Male/Female	_____ Social Security

PROGRAM – (SEE BROCHURE OR WEBSITE FOR DETAILS)	AGE	MONTHLY FEE	TOTAL
<b>EMA Value 20 Life</b>	18-39	Individual <b>\$49.95</b> / Family <b>\$89.95</b>	\$
	40-49	Individual <b>\$54.95</b> / Family <b>\$94.95</b>	\$
	50-59	Individual <b>\$64.95</b> / Family <b>\$104.95</b>	\$
	60-74	Individual <b>\$79.95</b> / Family <b>\$119.95</b>	\$
			\$ 25.00
<i>Line A</i>		<b>TOTAL: First Payment include the one-time enrollment fee(s)</b>	\$
All applications must be entered by the 19 <sup>th</sup> day of each month (11:59pm EST) to take effect on the 1 <sup>st</sup> of the following month. Recurring Draft Date is the 10 <sup>th</sup> day of each month for the following month's payment.			

**All New Members Must Read and Sign Below:** I understand that Emergency Management Alliance, Inc. (EMA) and CalStar Financial and Insurance Services, Inc. (CALSTAR) are NOT responsible for providing or guaranteeing services or guaranteeing the quality of any product that are offered through various vendors, benefits providers, networks and Insurance Companies and have no liability for the quality of service rendered by any vendor, benefits provider, network or Insurance Company. This contract is not protected by ANY Life and Health Guaranty Association. I understand that I am enrolling in an Association and that all benefits are contingent upon being an Association Member. I understand that products and services offered by EMA and the cost for those benefits may change at any time. CALSTAR is the benefits administrator for EMA.

**I have read, understand and agree to the terms and conditions of this membership as outlined on page 2 of this application. These programs should not be used to replace existing insurance or be a substitute for insurance.**

MEMBER'S NAME \_\_\_\_\_ **MEMBER'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize CalStar Financial and Insurance Services, Inc. to deduct periodic payments from my account as noted below for the cost of the Emergency Management Alliance membership outlined above. The current cost is indicated above on Line A under TOTAL. Notification of any change to the cost of membership will be sent via email 30 Days prior to any change. I may cancel my membership at any time by simply calling **877-697-0026**.

### Payment Options: MONTHLY PAYMENT

First payment indicated on Line A above.

**Credit Card:**  MasterCard  VISA  American Express  Discover

Credit Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_ (3 Digit Code on back of most cards. 4 Digit Code on front of American Express)

**Automatic Bank Draft** (Attach a voided check) [Routing # is 9 digits & starts with 0, 1, 2, or 3]

Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  Checking  Savings

Account Holder's Name: \_\_\_\_\_ **Account Holder's Signature:** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Agent Code:** \_\_\_\_\_ **Requested Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Terms and Conditions

Emergency Management Alliance, Inc. (EMA), Organizations and Associations whose membership benefits are offered by EMA and any provider of services to EMA members is hereafter known as ("We", "Us" and "Our") and the enrolled Member is hereafter known as ("You" and "Your").

**Membership Service Without limitation:** We make no warranty that (i) the service will meet Your requirements; (ii) the service will be uninterrupted, timely, secure or error-free; (iii) the results obtained from use of the service will be accurate or reliable; (iv) the quality of any products, services, information, or other material obtained through Our service will meet Your expectations; (v) no advice or information obtained by You from Our personnel or through Our service shall create any warranty not expressly provided for in the terms of service and (vi) any errors in the service will be corrected.

**Member Benefits ("Benefits"):** As a member, you will be entitled to access all the benefits and discounts on certain products and services offered by participating providers. Benefits are explained in the Welcome Package or in other Member Materials that may be provided from time-to-time. Some of the Benefits may not be available in Your area. We and Our subsidiaries and affiliates are not responsible or liable for any Benefits provided by third parties, if You have any claims relating to such Benefits, You will make your claim against the company providing the Benefit. We make no warranties, expressed or implied, including the warranty of merchantability or fitness for a particular purpose, with respect to any of the Benefits or related information provided to you. Under no circumstances shall our liability exceed Your current Member Fee, and under no circumstances shall we be liable for Your incidental or consequential damages. We assume no responsibility for the payment of or contribution to any use or sales tax on the Benefits which may be imposed by taxing authorities and such taxes, to the extent imposed, shall remain Your sole responsibility or that of the provider of the Benefits, as the case may be. Support or assistance with the Benefits via the phone or a web site is provided on an "as is" and "as available" basis. You use it at Your sole risk.

**Subscriber Communications and Consent:** Subscriber Communications may include, but not be limited to Membership Materials, Membership Identification Card, Newsletter, Benefit Promotions, Notices, and Updates sent in the form of letters, other mailings or emails. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) may require that we obtain your express consent prior to using any information You provide to Us for the purposes of sending You Member Communications. You agree that your enrollment and subsequent participation will serve as Your express consent to receive any and all Member Communications sent by Us and/or its affiliated third parties. Should You wish to stop receiving promotional particular newsletters, promotions, or other communications, You may do so by "opting out". Each mailing You receive will contain specific instructions regarding how You avoid receiving future mailings of a similar nature as appropriate.

**Membership Fees:** Payment of fees for the Membership Service is due in advance. Fees will be collected in the manner established at the time of enrollment or subsequent renewal. You are solely responsible for any "returned check", "overdraft", "over the limit" and any other similar fees incurred in connection with any Membership or renewal fees and any other amounts incurred by You when You use this program.

**Membership Term:** Your Membership is effective for the lesser of; the period of time which You have made full payment for; or the duration of the Membership Service, which may be cancelled at any time. Unless You notify Us that You wish to terminate this Agreement and cancel your Membership by following the Instructions below, Your Membership will continue automatically.

**Termination:** You agree that we, at Our sole discretion, may terminate Your Membership upon refund of remaining Membership Fees. If you wish to cancel Your Membership, for your protection we require that you notify Us in writing of any status change you wish to make in your coverage. All changes must be received 10 days prior to the scheduled draft date in order to be effective the 1st day of the following month. You may cancel your coverage at any time; however you will not receive a refund for any month in which your coverage was in force/active unless cancelled in writing less than 31 days from the member's signature date on this application. Enrollment fees are excluded from any refunds unless the member resides in the State of TN.

**Use of Membership:** Your Membership is non-transferable. You agree that only individual named members may use the Membership. "Immediate Family" means You, Your spouse and your children living at Your home. You will promptly notify Us if You become aware of any unauthorized use of Your Membership card or Membership number, or if your Membership card is lost or stolen.

**Modification of Membership Service:** You agree that at our sole discretion and without prior notice or liability, We may at any time either temporarily or permanently, discontinue or modify any aspect of programs or web site including without limitation, (i) restricting the operating hours of customer service; (ii) changing Membership Fees; and (iii) restricting or terminating any Member's right to use the benefit plan. If we decide to change the Membership Service, we will refer to those changes on Our web site. If You have provided an email address You will also be notified by way of an email.

**Exclusions and limitations:** Some jurisdictions do not allow the exclusion of certain warranties or the limitation or exclusion of liability for incidental or consequential damages. Accordingly, some of the limitations herein may not apply to you.

**Availability Restrictions:** Our programs are only available to residents of the contiguous United States, but not all programs are available in all states. Availability for each program we offer is outlined on [www.calstarbenefits.com](http://www.calstarbenefits.com).

**THIS IS NOT A REPLACEMENT TO HEALTH INSURANCE.** Emergency Management Alliance, Inc. (EMA), Organizations and Affiliates who promote EMA membership benefits are not insurance companies. Some benefit packages contain insurance and some do not. We contract with Associations, Networks and other third parties to compile the benefit packages we offer. Payments of valid Insurance claims are the responsibility of the Insurance Companies who issue the master policy to Us or a policy to our members. These packages are not designed to replace existing insurance or be a substitute for insurance.

**This Agreement:** If any portion of this agreement is deemed void the remainder shall remain in force.

If you still have questions regarding our programs, DO NOT complete the application!  
Contact our Corporate Office at 877-697-0026 so we can answer any questions you may have.