

BOST

WORKPLACE BENEFITS 

Discount Medical Plan Application

Group Number: _____

Company: _____

Date ____/____/____ Employee ID # _____ Date of Birth: _____

First Name _____ MI ____ Last Name _____ Male Female

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Email _____

PLEASE SELECT YOUR PACKAGE:

Medical Base-Benefits: Teladoc (No Consult), Vision, Dental, Pharmacy, Hearing, Lab and Imaging, Diabetic Supplies

Premium-Benefits: Teladoc (No Consult), Vision, Dental, Pharmacy, Hearing, Lab and Imaging, Pet Assure, APS Wellness, Telephonic Counseling, Medical Bill Saver, Medical Health Advisor, Nurse Hotline, Legal Care Direct, ID Experts, Financial Helpline, Diabetic Supplies

I hereby authorize my employer to deduct from my earnings such amounts as may now or hereafter be payable by me under the discount plan purchased through **BOST Benefits**. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings. I also acknowledge all rates are deducted from my paycheck post-tax.

EMPLOYEE'S
SIGNATURE _____ DATE _____



Disclosures:

This plan is NOT insurance.

This discount card program contains a 30 day cancellation period.

LA, MS, ND, OK, RI, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date.

AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days.

MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card.

MA Residents: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309.

Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance
The discount is only available at participating pharmacies.

The program administrator may obtain fees from pharmacies based on your prescription drug purchases. These fees may be retained by the program administrator or shared with you and/or your pharmacy.

Not available to residents of KS, UT, VT and WA

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