TBA | MEMBER INSURANCE SOLUTIONS

POWERED BY: lyric

Group TeleMedicine Application

Firm Name: _____

First Name:_____ **MI:**_____ **Last Name:** _____

Address: _____

City:_____ **State:**_____ **Zip:** _____

Personal Phone #:_____ **Date of Birth:**_____

Personal Email:_____ **Gender:** ☐ Male ☐ Female

Applicant Type:

☐ TBA Member and Immediate Family – Choose One: ☐ $6.95 Per Month OR ☐ $79.00 Annually

☐ Employee and Immediate Family – $6.95 Per Employee, Per Month

Plan Includes:

TeleMedicine with $0 medical consult fee – benefits include member/employee and immediate family.

Disclosures:

This plan is NOT insurance. This program contains a 30-Day cancellation period. 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. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. These packages are not available to residents of VT and WA.

Terms & Conditions and Refund Policy:

1. Member is defined as primary member, spouse, and all legal dependents.
2. Providers are subject to change without notice. Programs may vary in some states. Providers and locations may be removed from the network at any time.
3. The program may be cancelled or modified at any time. You will receive notice if the plan is cancelled or materially modified.
4. This program is a referral plan, and makes no warranties concerning the quality of care received. Providers are responsible for the professional advice and treatment provided to members.
5. If employee contribution is required, I authorize my employer to deduct $_____ (contribution amount) from my salary or wages for the employee paid benefit.

Applicant Signature:_____ **Date:**_____

Group # (Assigned by Administrator):_____

Return completed documents to: TBA Member Insurance Solutions | 6505 Lee Highway | Chattanooga, TN 37421
Phone: 800.347.1109 | Fax: 866.791.2806 | Email: TBA@assoc-admin.com | TBAInsurance.com