



CERTUS HEALTH “ROUTINE CARE” WHOLESALE CLUB – NEW MEMBER APPLICATION

Thank you for deciding to join the Certus Health “Routine Care” Wholesale Club. With Your membership You will have access to published, wholesale rates from high-quality doctors, dentists, clinics, pharmacies, chiropractors, labs, and imaging services. The Certus Health Routine Care Wholesale Club is NOT health insurance.

**Please fax your completed application to:
1-866-403-5766**

Primary Member Information

Full Name	
Mailing Address	
City, State, Zip	
Phone (Home)	
Phone (Work)	
Phone (Cell)	
Fax	
Email	

Household Information

	Full Name	Relation to Primary	Gender (M or F)	Date of Birth (MM/DD/YY)
Primary Member				
Spouse				
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				

	Tobacco use in last 12 months? (Y or N)	Full-Time College Student?	Height	Weight (lbs)	Pre-existing conditions? (Y or N)
Primary Member					
Spouse					
Child #1					
Child #2					
Child #3					
Child #4					
Child #5					



If you do not have health insurance or are interested in learning more about how to save on individual and family health plans, please click in one of the boxes below. A Certus Health licensed healthcare consultant will contact you to discuss your health coverage options.

Family Health Insurance
 HSA Plans
 Life Insurance

Current Insurance Information (fill only if currently insured)

Current Insurance Carrier	
Monthly Premium	
Annual Deductible	
Annual Out of Pocket Maximum	
Maximum Lifetime Coverage	
List Medications and Pre-Existing Conditions	

How did you hear about Certus Health?

TV Commercial	<input type="checkbox"/>	Which channel?
Clinic or Doctor's Office	<input type="checkbox"/>	Which clinic or doctor's office?
Friend	<input type="checkbox"/>	Which friend?
Internet Search	<input type="checkbox"/>	Which search engine?

Credit Card Information

Type Visa MasterCard Discover AMEX

Name as it appears on credit card: _____

Card Number: _____ CVV: _____ Exp. Date: _____

Billing Zip Code: _____

Is this a corporate credit card? Yes No

Payment Options

Family

Individual

Annual - \$129.00

Annual - \$69.00

Monthly - \$14.99

Monthly - \$7.99

If You select the "Annual" payment option, You will be charged \$129.00 or \$69.00. If You select the "Monthly" payment option, You will be charged \$14.99 or \$7.99, and You will then be charged \$14.99 on the 29th of each month after the Effective Date as long as your membership is active. In months with fewer than 29 days, You will be billed on the last day of the month.



Cancellation Policy

You will receive your membership credentials – temporary membership card, welcome letter, and program details – by e-mail within 24 hours of confirming your membership application. You will receive a permanent membership card by e-mail 60 days after your Effective Date. You have a 30-day full money-back guarantee. Should you choose to cancel your membership for ANY reason up to 30 days of the Effective Date, the membership fees will be reimbursed to you in FULL.

Membership Agreement and Notice of Privacy Practices

The head of the family unit purchasing a new Certus Health membership is required to read and agree to the "Membership Agreement" and the "Notice of Privacy Practices" below. You will need to scroll through each document before proceeding.

Certus Health's Membership Agreement

I have read and agree to Certus Health's Membership Agreement

Certus Health's Notice of Privacy Practices

I have read and agree to Certus Health's Notice of Privacy Practices

SIGN

EFFECTIVE DATE

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