

# PLATINUM PLAN ACTIVATION FORM



**YES!** Please activate my PLATINUM PLAN UPGRADE for only \$53.50 a year.  
If I'm not satisfied for any reason, I may cancel within 30 days for a full refund -- no questions asked!

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Good Sam Membership No. \_\_\_\_\_

## PAYMENT OPTIONS FOR HOUSEHOLD PLATINUM

Annual cost: \$53.50  
Plus a \$2.00 administration fee

Check enclosed – \$54.50  
(Payable to Good Sam Insurance Program)



Charge my credit card for my Platinum Plan  
Type of card:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_

Mail your completed Activation form  
to:

Exp. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CID# \_\_\_\_\_  
Month/Day/Year 3-4 digit number on back of card near signature

Good Sam Insurance Program  
PO BOX 26840  
Phoenix, AZ 85068-6840

**I understand that by using my credit card, I will be paying for my Platinum Plan premium of \$53.50 and a \$2.00 administration fee.** Subsequent premium will be automatically billed to the credit card listed above. There is no additional cost for your dependents.

I understand that the plan will go into effect the first day of the month following receipt of this Activation Form and payment by the Administrator. If I'm not totally satisfied for any reason, I may cancel within 30 days for a full refund. The Plan will remain in force until I notify the Administrator in writing of its cancellation. I understand the terms and conditions of this program, and I elect to enroll in the program. Return this form in the enclosed reply envelope with your Platinum Plan payment.



Sign Here \_\_\_\_\_ Today's Date \_\_\_\_\_

\* Please allow 3-5 weeks for Your ID Cards to be mailed to the above address.

Limitations. This is a discount program. This is not an insurance plan. CAREINGTON cannot guarantee specialty care in all areas. In cases in which you are referred to a participating specialist, you will generally receive 15% off their usual and customary fees. Please verify such benefits with each individual provider. Work in progress, after enrollment on the plan, must be completed by the provider who started the work. Any procedures performed by a non-participating provider are not included. CAREINGTON International cannot guarantee the continued participation of any provider. If he or she leaves the plan, you will need to select another provider. Not all types of providers may be available in your area. Some providers may charge for missed or broken appointments if no prior notice is given. It is the member's responsibility to verify that the provider is a participating provider. This plan does not include all procedures which might be provided. Any procedure delivered which is not listed on the Schedule of Services may cause additional cost to be incurred by the member. The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment because the treatment may require more than one procedure. Note to Utah Residents: This contract is not protected by the Utah Life and Health Guaranty Association. The program and the program administrators have no liability for providing or guaranteeing service and have no liability for the quality of service rendered.