

SBA MEMBER BENEFITS MEMBERSHIP AND BENEFIT SERVICE AGREEMENT

This membership and Benefit Service Agreement is made effective on the signature date by and between the individual below (hereafter referred as **Subscriber**) and Seeds Benefit Administrator

1. RESPONSIBILITIES OF THE PLAN

When a new application is received by the Plan enrollment consideration, it will be accompanied by (1) month's premium. Subsequent payments will be billed each month and will be considered delinquent if funds are not received on or before the 25th of the month as billed. There is a \$10 Fee for Late Payments, and a \$25 Fee for Returned Checks. You will be billed this same amount each month thereafter until plan renewal date of each year. It is very important to pay on time. **If required contributions are not received by the last day of the month benefit coverage may be terminated unless payment arrangements are made through our office by calling 1-800-927-3566. If required contributions are not received by the 60th day of the due date your benefits will be terminated at 12:01 AM of the following day.**

2. RESPONSIBILITIES OF SUBSCRIBER

The undersigned Subscriber hereby adopts and subscribes, for self and dependent application, to the terms of the Plan Agreement, establishing the Plan for SBA Member Benefits and subscribes to be enrolled into a group benefit program.

Subscriber may apply for each benefit offered and must prepay all agreed appropriate fee as notified. Plan membership eligibility of applicant and dependent(s) must be approved by SBA Member Benefit's underwriting and Subscriber understands that he/she must not be disabled, and working a minimum of 20 hours per week to be eligible for benefits and agrees to substantiate such employment if requested.

It is the responsibility of the Subscriber to notify the Plan of any qualifying event that would result in Subscriber, or an enrolled dependent of the Subscriber, becoming eligible for continuation of coverage under the Consolidated Omnibus Budget reconciliation Act (COBRA)

3. TERMINATION OF AGREEMENT

This Agreement shall be effective on the date of signature below and shall continue from month to month unless either party notifies the other, in writing, of termination of this Agreement not less than 30 days prior to the date of such termination except that termination by reason of non-payment of premium shall be immediate after proper notice of intent to terminate coverage.

I the undersigned I am the person who has read and does understand this document, and by my signature below I agree with all the terms and conditions contained in the Agreement.

MUST COMPLETE AND RETURN IN THE ENCLOSED ENVELOPE

SUBSCRIBER INFORMATION

How Do You Want To Be Billed?

Please Circle One: Invoice e-mailed 12 Coupons Check Withdrawal (EFT)

Name _____ E-Mail _____

Address _____ City _____ Zip _____

Work Phone _____ Home Phone _____

Date _____ Signature X _____