

# MEMBER BENEFIT OPTIONS

elite health & lifestyle

- Dental
  - Vision (including RK & Lasik)
  - Hearing
  - Chiropractic
  - Massage Therapy
  - Prescription Drugs

**ALL-IN-ONE PLAN**

*For More Information  
Please Call:*  
**Dan Burghardt  
Insurance**  
**504.456.RATE**  
[www.danburghardt.com](http://www.danburghardt.com)  
 ELITE Representative

## DISCOUNTS FOR CONSUMER & BUSINESS SERVICES

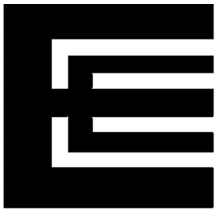
(Restaurants, Dry Cleaners, Legal, Payroll, Real Estate, Salons, etc.)

### SAVINGS UP TO:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 50% Off Dental Service        | <input checked="" type="checkbox"/> 25% Off Hearing Instruments        |
| <input checked="" type="checkbox"/> 30% Off Orthodontic Treatment | <input checked="" type="checkbox"/> Hundreds of Providers in Louisiana |
| <input checked="" type="checkbox"/> 20% Off Eye Exams             | <input checked="" type="checkbox"/> NO Claim Forms                     |
| <input checked="" type="checkbox"/> 50% Off Eye Wear              | <input checked="" type="checkbox"/> NO Deductibles                     |
| <input checked="" type="checkbox"/> 40% Off Chiropractic Services | <input checked="" type="checkbox"/> IMMEDIATE Coverage                 |
| <input checked="" type="checkbox"/> 40% Off Prescription Drugs    | <input checked="" type="checkbox"/> No Pre-existing Limitations        |
| <input checked="" type="checkbox"/> 20% Off RK & PRK Surgery      |  |

<b>ENROLLMENT FEE IS WAIVED IF YOU SELECT THE ANNUAL PAYMENT PLAN.</b>  <i>If you choose the monthly or quarterly payment option, you will encounter an <b>Application Fee</b> of \$20.00.</i>	<b>MEMBER ONLY</b> <b>\$10.00 per month</b>	<i>All Members and their families are eligible for the plan whether on group health plan or not.</i>
	<b>MEMBER + ONE</b> <b>\$12.00 per month</b>	
	<b>MEMBER + FAMILY</b> <b>\$18.00 per month</b>	<i>Family, all Dependents, and Immediate Household included.</i>
<i>(See Back For Full Breakdown of Membership Fees)</i>		

For more information please call DAN BURGHARDT INSURANCE (your ELITE HEALTH & LIFESTYLE representative) at 504.456.RATE (7283), or logon to [www.danburghardt.com](http://www.danburghardt.com) for full details.



**INDIVIDUAL**

*Representative:*  
**DAN BURGHARDT INSURANCE**  
Auto • Home • Flood • Life • Health • Business  
**504.456.RATE**  
3008 David Dr. • Metairie, LA 70003  
www.danburghardt.com

elite health & lifestyles

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ (must be included)

<i>Also cover the following:</i>	NAME	SEX	AGE	CARD (Y/N)
Spouse				
Children/Dependents				

**Membership Fees**

<i>Payment Method:</i>	MONTHLY		SEMI-ANNUALLY		ANNUALLY	
Type Coverage	Per Month	Total Annual Cost	Per Month	Total Annual Cost	Per Month	Total Annual Cost
<i>EE</i>	\$10.00	\$120.00	\$ 9.00	\$108.00	\$ 8.25	\$ 99.00
<i>EE+1</i>	\$12.00	\$144.00	\$10.50	\$126.00	\$ 9.50	\$114.00
<i>FAMILY</i>	\$18.00	\$216.00	\$16.50	\$198.00	\$14.50	\$174.00

**One Time Enrollment Fee: \$20.00**

*If you choose the annual payment option, you receive discounted rate AND the application fee is waived.*

One (1) year contract; rates guaranteed for two (2) years. Termination within first six (6) months of initial year carries a \$50 early termination fee that is automatically charged to your credit card or automatically bank drafted.

**Payment Method**

	MONTHLY	SEMI-ANNUALLY	ANNUALLY
<i>(Please select one)</i>	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Draft
	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Check	<input type="checkbox"/> Check	

**Credit Card Information – MasterCard or Visa (circle one)**  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Signature of cardholder \_\_\_\_\_

**Bank Draft Information**  
Name of Bank \_\_\_\_\_  
Checking Account # \_\_\_\_\_  
Signature \_\_\_\_\_  
My signature above authorizes you to draft my checking account payable to Elite Health & Lifestyles. This authorization is to remain in effect until revoked by me in writing. Please attach check for first month fees.

**Renewal Authorization –** For my convenience I authorize you to charge my Elite Health & Lifestyles membership fees by the payment method I authorized above 30 days prior to the renewal date of my membership. This authorization is to remain in effect until revoked by me in writing. **Signature of Applicant** \_\_\_\_\_