midwest
HSA - PowerPlan™

Individual Membership Application

NACHP
NATIONAL ALLIANCE OF CONSUMERS AND HEALTHCARE PROFESSIONALS

Members Last Name	First Name	Initial	Date of Birth
Address	City	State	Zip Code
Phone #	E-mail Address (required)	Social Security	
Spouse (if covered)	Date of Birth	Dependent (if covered)	Date of Birth
Dependent (if covered)	Date of Birth	Dependent (if covered)	Date of Birth
Dependent (if covered)	Date of Birth	Dependent (if covered)	Date of Birth

		Individual		Individual + One		Family
Basic	X	$4.00	X	$4.00	X	$4.00
Accident		$20.00		$25.00		$25.00
TOTAL DUES						

Membership Fee: One-time $15.00 Set-up fee is required at time of application

Effective Date: Month _____ Day **1st**

FIRST month membership dues & set-up fee
O Paid via check (make check payable to MIB)
O Draft my checking account (ACH)

Sample Membership Individual – Basic $4.00 + Accident $20.00 = Monthly Dues $24.00

☐ **Monthly Electronic Funds Transfer:** Attach or FAX a Void Check ☐ **Annual Direct Billing**

Authorization to honor checks, share drafts, or account debits: As a convenience to me, I (member) authorize you to pay and charge to my account checks, share drafts, electronic funds transfer debits, credit cards or other account debits made upon my account by and payable to the order of the entity designated above or its legal representative for membership, benefits and/or premiums. I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under liability even though dishonor results in the forfeiture of benefits or membership. I further agree that this authorization is to remain in effect until you receive 30 day written notice from member of its revocation unless you end it earlier. Midwest Insurance Brokerage will appear on your bank or credit card statement

X _____
Members Signature Date

Membership Agreement: By signing the enrollment form, member expresses the desire to become a member of the National Alliance of Consumers and Healthcare Professionals through CashDoctor.com. Membership dues may change for all members but not individually, upon 30 days notice. Member also agrees to Terms and Conditions provided in the NACHP PowerPlan™ brochure
I here by apply for membership in NACHP, I understand that I am entitled to certain benefits and services and that dues are required to be paid in order to maintain my membership. I also understand that dependent children are covered to age 25 if enrolled fulltime in an accredited school. I understand my membership includes both insured and non-insured benefits and have read and agreed to the "Terms and Conditions". INITIAL ____
Notice: NACHP membership may be cancelled within 30 days of the date you (the applicant) sign and full refund for any dues will be made. I hereby designate and appoint the Secretary of NACHP in office at any particular time and from time to time as my proxy and my agent and attorney-in-fact to receive all notices of meetings of the members, to attend and vote on my behalf at any and all meetings of the members, to execute consents and to otherwise act for me in the same manner and with the same effect as if I were personally present. I authorize my proxy to substitute any other person to act under this proxy to revoke any substitution, and to file this proxy and any substitution or revocation with NACHP. I understand that this proxy is a voluntary designated appointment and that I have a right to receive all notices of meeting of members and to attend such meetings and vote thereat in such event. I will notify the Secretary of NACHP of my desire in this respect.

X _____
Members Signature Date

NACHP Healthcare Specialist: **1099.01.1789**

Midwest Insurance Brokerage
Mike Dietz **4 Systems Drive,** **Appleton, WI, 54914**
(Phone) 920-731-2100 **(Fax) 920-731-1421** **(E-mail) mike@mibltd.com**

Marketed by CashDoctor.com®
3132 W. Post Road - Las Vegas, NV 89118
Phone 702-425-5749 Fax 800-470-1416

FORM CDPP004 - Revised 12/11/2007