



MEMBER ENROLLMENT FORM

FIELD ISSUED CONTRACT / HOME CARE SERVICES

I UNDERSTAND TRUE FREEDOM HOME CARE PLANS ARE NOT INSURANCE

SUITABILITY SURVEY

CAN YOU LIVE ON YOUR OWN WITHOUT HELP FROM ANYONE, INCLUDING FAMILY, TO BUY GROCERIES, GET DRESSED, COOK, BATHE, AND TRAVEL TO PLACES AT THE TIME OF ENROLLMENT?

YES OR NO

IF YOU ANSWER NO, DO NOT SUBMIT ENROLLMENT.

WE REGRET THAT YOU MAY NOT QUALIFY FOR ENROLLMENT, AS OUR SERVICES ARE DESIGNED FOR INDIVIDUALS WHO LIVE INDEPENDENTLY AND ARE PLANNING FOR THEIR FUTURE HOME CARE NEEDS.

REP NAME: _____ GROUP NAME: _____

REP EMAIL: _____ REP ID: _____

MEMBER'S INFORMATION

MEMBER NAME _____ GENDER _____ D.O.B _____ AGE _____
FIRST LAST

ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____ COUNTY _____ EMAIL _____

MEMBERSHIP PLANS

RATES INCLUDES SIGN-ON DISCOUNT

<p>___ PLATINUM 10,000 LIFETIME MEMBERSHIP HOURS SINGLE: MONTHLY - \$427.50 (10% DISCOUNT) ANNUALLY - \$4,845.00 (15% DISCOUNT) PER PARTNER: MONTHLY - \$380.00 (20% DISCOUNT) ANNUALLY - \$4,275.00 (25% DISCOUNT)</p>	<p>___ GOLD 6,000 LIFETIME MEMBERSHIP HOURS SINGLE: MONTHLY - \$265.50 (10% DISCOUNT) ANNUALLY - \$3,009.00 (15% DISCOUNT) PER PARTNER: MONTHLY - \$236.00 (20% DISCOUNT) ANNUALLY - \$2,655.00 (25% DISCOUNT)</p>	<p>___ SILVER 3,000 LIFETIME MEMBERSHIP HOURS SINGLE: MONTHLY - \$157.50 (10% DISCOUNT) ANNUALLY - \$1,785.00 (15% DISCOUNT) PER PARTNER: MONTHLY - \$140.00 (20% DISCOUNT) ANNUALLY - \$1,575.00 (25% DISCOUNT)</p>	<p>___ BRONZE 1,500 LIFETIME MEMBERSHIP HOURS SINGLE: MONTHLY - \$85.50 (10% DISCOUNT) ANNUALLY - \$969.00 (15% DISCOUNT) PER PARTNER: MONTHLY - \$76.00 (20% DISCOUNT) ANNUALLY - \$855.00 (25% DISCOUNT)</p>
<p>AFFINITY EXCLUSIVE ___ BASE 600 LIFETIME MEMBERSHIP HOURS SINGLE: MONTHLY - \$35.10 (10% DISCOUNT) ANNUALLY - \$397.00 (15% DISCOUNT) PER PARTNER: MONTHLY - \$31.20 (20% DISCOUNT) ANNUALLY - \$351.00 (25% DISCOUNT)</p>		<p>PAYMENT TERM: _____ ANNUALLY / MONTHLY RENEWAL TERM: _____ ANNUALLY / MONTHLY EFFECTIVE DATE: _____ YOU HAVE THE OPTION TO MODIFY YOUR INITIAL RENEWAL TERM. PLEASE BE AWARE THAT SWITCHING FROM AN ANNUAL TO A MONTHLY PAYMENT PLAN WILL RESULT IN THE LOSS OF YOUR 5% DISCOUNT. THE EFFECTIVE DATE IS WHEN THE PAYMENT IS AUTHORIZED AND THE APPLICATION IS PROCESSED. PLANS WILL BE ACTIVATED UPON PAYMENT APPROVAL.</p>	

PAYMENT INFORMATION

PAYMENT METHOD: CREDIT CARD / BANK TRANSFER

CREDIT CARD # _____ BANK NAME: _____

EXPIRATION DATE: _____ CVV CODE: _____ ABA ROUTING # _____

IS BILLING DIFFERENT? _____ ACCOUNT # _____
PLEASE FILL OUT BELOW

ACCOUNT HOLDER NAME _____ IF DIFFERENT FIRST LAST

ADDRESS _____ CITY _____ STATE _____ ZIP _____



SPOUSE ENROLLMENT FORM

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YES OR NO

IF YOU ANSWER NO, DO NOT SUBMIT ENROLLMENT.

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SPOUSE'S INFORMATION

SPOUSE NAME _____ GENDER _____ D.O.B _____ AGE _____
FIRST LAST

ADDRESS _____ TELEPHONE _____

CITY _____ STATE _____ ZIP _____ COUNTY _____ EMAIL _____

MEMBERSHIP PLANS

RATES INCLUDES SIGN-ON DISCOUNT

<p>___ PLATINUM 10,000 LIFETIME MEMBERSHIP HOURS PER PARTNER: MONTHLY - \$380.00 (20% DISCOUNT) ANNUALLY - \$4,275.00 (25% DISCOUNT)</p>	<p>___ GOLD 6,000 LIFETIME MEMBERSHIP HOURS PER PARTNER: MONTHLY - \$236.00 (20% DISCOUNT) ANNUALLY - \$2,655.00 (25% DISCOUNT)</p>	<p>___ SILVER 3,000 LIFETIME MEMBERSHIP HOURS PER PARTNER: MONTHLY - \$140.00 (20% DISCOUNT) ANNUALLY - \$1,575.00 (25% DISCOUNT)</p>	<p>___ BRONZE 1,500 LIFETIME MEMBERSHIP HOURS PER PARTNER: MONTHLY - \$76.00 (20% DISCOUNT) ANNUALLY - \$855.00 (25% DISCOUNT)</p>
<p>AFFINITY EXCLUSIVE</p> <p>___ BASE 600 LIFETIME MEMBERSHIP HOURS PER PARTNER: MONTHLY - \$31.20 (20% DISCOUNT) ANNUALLY - \$351.00 (25% DISCOUNT)</p>		<p>PAYMENT TERM: _____ ANNUALLY / MONTHLY</p> <p>RENEWAL TERM: _____ ANNUALLY / MONTHLY</p> <p>EFFECTIVE DATE: _____</p> <p>THE EFFECTIVE DATE IS WHEN THE PAYMENT IS AUTHORIZED AND THE APPLICATION IS PROCESSED. PLANS WILL BE ACTIVATED UPON PAYMENT APPROVAL.</p> <p>YOU HAVE THE OPTION TO MODIFY YOUR INITIAL RENEWAL TERM. PLEASE BE AWARE THAT SWITCHING FROM AN ANNUAL TO A MONTHLY PAYMENT PLAN WILL RESULT IN THE LOSS OF YOUR 5% DISCOUNT.</p>	

IS THERE A SEPARATE PAYMENT METHOD? _____

PAYMENT INFORMATION

PAYMENT METHOD: CREDIT CARD / BANK TRANSFER

CREDIT CARD # _____ BANK NAME: _____

EXPIRATION DATE: _____ CVV CODE: _____ ABA ROUTING # _____

IS BILLING DIFFERENT? _____ ACCOUNT # _____
PLEASE FILL OUT BELOW

ACCOUNT HOLDER NAME _____ IF DIFFERENT FIRST LAST

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IF ONE PARTNER CANCELS THEIR MEMBERSHIP, THE SPOUSE/PARTNER DISCOUNT NO LONGER APPLIES. HOWEVER, IF A SPOUSE/PARTNER IS DECEASED, THE SURVIVING MEMBER WILL CONTINUE TO RECEIVE THEIR DISCOUNT, HONORING THEIR CONTINUED MEMBERSHIP.

TERMS AND CONDITIONS

V052024

THE FOLLOWING TERMS AND CONDITIONS (THE "TERMS AND CONDITIONS") ARE HEREBY INCORPORATED AS AN INTEGRAL PART OF THE TRUE FREEDOM ENROLLMENT AND SERVICE CONTRACT (COLLECTIVELY, THE "AGREEMENT") BETWEEN AMERICAN SENIOR SERVICES, INC., A FLORIDA CORPORATION ("ASSI"), AND THE MEMBER NAMED IN AND WHO SIGNED THE AGREEMENT ("YOU").

THIS AGREEMENT IS NOT INSURANCE BUT RATHER CONSTITUTES A SERVICE CONTRACT. THIS IS NOT A REPLACEMENT FOR ANY INSURANCE POLICY. IT IS NOT INTENDED TO BE UTILIZED AT THE TIME OF ENROLLMENT. (REVIEW SUITABILITY TO VALIDATE YOUR PURCHASE BELOW.) Members need to choose the best plan within their budget at the time of enrollment. THERE ARE NO UPGRADES. Members can choose to downgrade on the yearly renewal date. A member must be able to live independently at the time of enrollment and cannot currently need or receive any assistance (including from family members) with activities such as bathing, dressing, transferring, and any other activities of daily living. If the intent upon enrollment is to go on service for a current condition following the initial 90-day Waiting Period, that would not be a suitable membership. ASSI's membership program arranges for non-medical services to be provided in the comfort of your own home, either:

ANYTIME HOME CARE SERVICES CAN BE UTILIZED ANY DAY /EVENING /NIGHT, INCLUDING WEEKENDS AND OVERNIGHT SERVICE (OR 24 HOURS/ 7 DAYS A WEEK LIVE-IN SERVICE), UP TO THE TOTAL NUMBER OF HOURS SPECIFIED UNDER THE PLAN THAT YOU PURCHASE. At the time that you designate a friend or neighbor for the ANYTIME home care service, you will sign a release of ASSI from any liability for injuries or damages caused by your friend or neighbor. American Senior Services, Inc. must also approve the selected friend or neighbor. Pre-authorized requests of 8 hours or more will be considered as 24-hour live-in services for that day. PAYMENT WILL NOT EXCEED \$150 FOR A LIVE-IN FRIEND OR NEIGHBOR IN ANY GIVEN 24-HOUR PERIOD.

AGENCY HOME CARE SERVICE UP TO FIVE (5) HOURS A DAY, MONDAY THROUGH FRIDAY BETWEEN 9:00 A.M. AND 5:00 P.M. BY A NETWORK AGENCY EXCLUDING NATIONAL HOLIDAYS AND WEEKENDS. PAYMENTS TO NETWORK AGENCIES CANNOT EXCEED \$150.00 A DAY. ASSI may change AGENCY service providers at any time. In order to receive the AGENCY Home Care Service hours or the ANYTIME Home Care Service hours, your membership must be in effect for ninety (90) days (the "Waiting Period"), during which you cannot use any of the hours. Once the Waiting Period has elapsed, AGENCY Home Care Service hours and ANYTIME Home Care Service hours can be mixed and matched, up to the total number of hours specified under the plan that you purchase; provided, however, that both AGENCY HOME CARE SERVICE HOURS AND ANYTIME HOME CARE SERVICE HOURS CANNOT BE UTILIZED IN THE SAME DAY. AGENCY HOME CARE SERVICE WILL NOT BE AUTHORIZED BY ASSI TO TRANSPORT MEMBERS.

Notwithstanding the preceding paragraph, at any time after your membership has been active for ten (10) days, if a temporary situation arises during the remainder of the Waiting Period, then you may request EMERGENCY CARE BENEFITS during the Waiting Period, which may be AGENCY Home Care Services or ANYTIME Home Care Services, with the maximum service hours available being ten percent (10%) of the initial segment of hours specified under your plan.

The Lifetime Membership Hours of each plan are equally divided into ten (10) separate segments. Once the service hours in the initial segment have been exhausted, following a 90-day Reset Period (of non-use), the 2nd segment of plan hours of membership can be accessed. A total of nine (9) Reset Periods occur, separating each segment of hours that add up to the total Lifetime Membership Hours of a contract. All plans cover twelve (12) months (each a "Term"). Unused hours from a preceding term will roll over and must be utilized before service hours in a new segment can be accessed following a 90-day Reset Period. The Home Care Hours of any plan can reset for up to the "Maximum Lifetime Membership Hours," which is a total of 10 times the initial segment of hours of your chosen plan. Multiple segments of hours can be utilized within a twelve (12) month term within the parameters of the contract. Contracts must be kept current through all periods of membership and continued access to any unused service hours in a chosen plan.

TO ACTIVATE SERVICES

To receive services, call the ASSI toll free customer service number: **1-888-245-9001**

Membership must be paid by the due date to activate services. Please allow between 24 and 72 hours after your call for ASSI to coordinate services. Services could be delayed due to weather, location, availability, natural disasters, and pandemics. Requests should be essential and necessary. ASSI must pre-authorize all service requests. All unauthorized claims will be denied, and the member will be responsible for the payment of those services. All claims must comply with our Claims Policy, which is available upon request or at the time of service activation. The contract must be paid in full if the service is activated within the first 12 months. Non-use discount will discontinue when home care service is activated and will return to the current membership fee on the next payment due for the remainder of the membership. Service is not available outside of United States, assisted living facilities, nursing homes, and hospital confinement.

CANCELLATION

If a member fails to make a payment, ASSI will terminate the membership contract. In addition, all memberships include a one-time 10-day cancellation period. The cancellation notice must be submitted to ASSI in writing within 10-days from the effective date of your membership. Full refunds will be made during this time only. After 10-days, you may cancel your membership at any time; however, ASSI is under no obligation to refund any portion of your membership fee. In the event of death, your estate will be refunded on a prorated basis. The death certificate must be received within 90 days from the date of passing.

MAIL LETTER TO: AMERICAN SENIOR SERVICES, INC., 8250 BRYAN DAIRY ROAD SUITE 350, LARGO, FL 33777

MISCELLANEOUS

These Terms and Conditions may be amended from time to time by ASSI upon thirty (30) days prior written notice to you, sent to your home address as shown on the Enrollment Form. In the event of such unilateral amendment by ASSI, you have the right to terminate the Agreement by giving written notice of such termination to ASSI as specified above within ten (10) days after your receipt of the notice from ASSI of the amendment to these Terms and Conditions. If ASSI determines that misstatement, fraud, or misappropriation of service was intended or utilized, ASSI reserves the right to terminate or revoke a membership contract. American Senior Services Inc. reserves the right to increase membership fees.

This Agreement is made in and shall be governed by and construed under the laws of the State of Florida. The failure of either of us to exercise any of our rights or to enforce any of the provisions of the Agreement on any occasions shall not be a waiver of such right or provision, nor affect the right of such party thereafter to enforce each and every provision of the Agreement. If any provision of the Agreement is held to be invalid, illegal, or unenforceable under any applicable statute or the rule of law, then that provision shall be reformed to the maximum extent permitted to preserve the parties' original intent as agreed by the parties; failing which, such provision shall be severed from the Agreement, with the balance of the Agreement continuing in full force and effect. This Field Issued Agreement are retained by you at the time of purchase, with a signed copy being delivered to ASSI, as well.



AFFINITY BY TRUE FREEDOM HOME CARE PLAN STATEMENT OF UNDERSTANDING

PLEASE CAREFULLY READ AND UNDERSTAND EACH STATEMENT BELOW BEFORE SIGNING.

- 1. NON-USAGE RENEWAL DISCOUNT:** MY MEMBERSHIP PREMIUM WILL DECREASE BY 10% STARTING IN THE SECOND YEAR AND FOR THE NEXT FOUR YEARS, PROVIDED I DO NOT UTILIZE THE PLAN. THIS DISCOUNT WILL CONTINUE AS LONG AS I REFRAIN FROM USING MY HOURS. MY PLAN WILL REVERT TO THE ORIGINAL MEMBERSHIP PREMIUM UPON SERVICE INITIATION WHEN THE NEXT PAYMENT IS DUE.
- 2. SERVICE COMMENCEMENT AND USAGE:** AFTER A 90-DAY WAITING PERIOD, MY TOTAL LIFETIME COVERAGE HOURS ARE DIVIDED INTO TEN EQUAL SEGMENTS. DURING THE INITIAL 90-DAY PERIOD, I MAY ACCESS UP TO 10% OF MY FIRST SEGMENT FOR EMERGENCY PURPOSES ONLY, SUBJECT TO APPROVAL BY AMERICAN SENIOR SERVICES, INC. (ASSI). ONCE A SEGMENT IS DEPLETED, THERE IS A 90-DAY REST PERIOD BEFORE I CAN ACCESS THE NEXT SEGMENT.
- 3. NATURE OF THE PLAN:** THE TRUE FREEDOM HOME CARE PLAN IS A SERVICE CONTRACT, NOT AN INSURANCE POLICY. AFFINITY BY TRUE FREEDOM AND ASSI ARE NOT INSURANCE COMPANIES OR MEDICAL SERVICE PROVIDERS.
- 4. COVERAGE LIMITATION:** THE BENEFIT HOURS COVER ONLY CUSTODIAL CARE.
- 5. APPROVAL OF SERVICE HOURS:** ALL SERVICE HOURS PROVIDED BY A FRIEND/NEIGHBOR OR NETWORK AGENCY MUST BE PRE-APPROVED BY ASSI. PAYMENT FOR SERVICES IS MADE DIRECTLY TO THE PRE-APPROVED PROVIDERS. ASSI WILL NOT COMPENSATE FOR ANY UNAUTHORIZED HOURS; I AM RESPONSIBLE FOR ANY RELATED UNPAID INVOICES.
- 6. MEMBERSHIP TERMS:** I HAVE READ AND FULLY UNDERSTAND MY MEMBERSHIP BENEFITS. MY MEMBERSHIP AND ASSOCIATED BENEFITS OR HOURS ARE NON-TRANSFERABLE.
- 7. MEMBERSHIP CHANGES AND CANCELLATION:** I UNDERSTAND THAT I CANNOT UPGRADE MY MEMBERSHIP. DOWNGRADES ARE PERMISSIBLE AT RENEWAL TIME. FAILURE TO MAKE PREMIUM PAYMENTS ON TIME OR CANCELLATION OF THE PLAN WILL RESULT IN TERMINATION OF MY MEMBERSHIP CONTRACT, AND I WILL FORFEIT ANY REMAINING BENEFIT HOURS.
- 8. LIABILITY:** THE CONTRACTUAL OBLIGATIONS ARE SOLELY BETWEEN MYSELF AND ASSI, DOING BUSINESS AS TRUE FREEDOM. I ABSOLVE MY REPRESENTATIVE FROM ANY LIABILITY, LAWSUITS, OR LEGAL PROCEEDINGS.
- 9. SUITABILITY SURVEY:** I ANSWERED "YES" TO THE SUITABILITY SURVEY, AFFIRMING THAT I CAN LIVE INDEPENDENTLY AND MANAGE SELF-CARE WITHOUT ASSISTANCE FROM ANYONE, INCLUDING FAMILY MEMBERS.
- 10. ACTIVATION OF HOURS:** I MUST CONTACT ASSI AT **1-888-245-9001** TO ACTIVATE MY HOURS.

ADDITION FOR COUPLES ENROLLING TOGETHER: IF ENROLLING WITH A SPOUSE, BOTH PARTIES MUST READ, UNDERSTAND, AND SIGN THIS SECTION AS BOTH ARE REQUIRED TO ACKNOWLEDGE AND AGREE TO THESE TERMS. PLEASE NOTE, IF ONE PARTNER CANCELS THEIR MEMBERSHIP, THE SPOUSE/PARTNER DISCOUNT WILL NO LONGER APPLY. HOWEVER, IF A SPOUSE/PARTNER IS DECEASED, THE SURVIVING MEMBER WILL CONTINUE TO RECEIVE THEIR DISCOUNT, HONORING THEIR CONTINUED MEMBERSHIP.

ENROLLMENT ACKNOWLEDGMENT: MY REPRESENTATIVE HAS EXPLAINED THE DETAILS OF AFFINITY BY TRUE FREEDOM AND ITS PLANS. BY COMPLETING THIS ENROLLMENT FORM, I AFFIRM MY DESIRE TO JOIN AND HAVE READ AND UNDERSTOOD THIS STATEMENT OF UNDERSTANDING. THE INFORMATION ON THIS FORM IS CORRECT AND HAS BEEN VERIFIED BY MY SIGNATURE.

MEMBER PRINT NAME

MEMBER SIGNATURE

DATE

SPOUSE PRINT NAME

SPOUSE SIGNATURE

DATE



REPRESENTATIVE RESPONSIBILITY AND ACKNOWLEDGEMENT AGREEMENT

AS THE REPRESENTATIVE TO MY CLIENT,

[CLIENT'S NAME]

AND THEIR SPOUSE,

(IF APPLICABLE),

[SPOUSE'S NAME]

I HEREBY AFFIRM THE FOLLOWING:

- 1. PRODUCT EXPLANATION:** I HAVE EXPLAINED IN DETAIL THE SPECIFICS OF THE AFFINITY BY TRUE FREEDOM PLAN TO BOTH MY CLIENT AND THEIR SPOUSE, AS APPLICABLE.
- 2. SUITABILITY SURVEY:** MY CLIENT AND THEIR SPOUSE HAVE EACH ANSWERED "YES" TO THE SUITABILITY SURVEY, DEMONSTRATING TO ME THEIR CAPABILITIES FOR INDEPENDENT LIVING AND DAILY SELF-CARE WITHOUT ANY ASSISTANCE, INCLUDING FROM FAMILY MEMBERS.
- 3. PLAN DETAILS:** I HAVE THOROUGHLY EXPLAINED THE DETAILS OF TRUE FREEDOM'S LIFETIME MEMBERSHIP PLANS TO BOTH PARTIES.
- 4. PROGRAM IDENTITY:** BOTH MY CLIENT AND THEIR SPOUSE UNDERSTAND THAT AFFINITY BY TRUE FREEDOM IS DERIVED FROM TRUE FREEDOM'S PLAN STRUCTURE, AND THAT TRUE FREEDOM IS A DBA OF AMERICAN SENIOR SERVICES, INC. (ASSI).
- 5. DISCOUNTS EXPLANATION:** I HAVE FULLY EXPLAINED HOW THE NON-USAGE RENEWAL DISCOUNT WORKS; MEMBERS RECEIVE A 10% DISCOUNT ON THEIR PREMIUMS FOR EACH NON-USAGE RENEWAL STARTING IN THE SECOND YEAR, CONTINUING THROUGH THE FIFTH YEAR. THE DISCOUNT DOES NOT STACK AFTER FIFTH YEAR, BUT IS MAINTAINED IF MEMBERS REFRAIN FROM USING THEIR HOURS.
- 6. ENROLLMENT ASSISTANCE:** I ASSISTED MY CLIENT AND THEIR SPOUSE IN FILLING OUT THE ENROLLMENT FORM, EITHER IN PERSON OR DIGITALLY, ENSURING ALL INFORMATION IS ACCURATE.
- 7. ENROLLMENT COPY:** MY CLIENT AND THEIR SPOUSE UNDERSTAND THAT I, AS THEIR REPRESENTATIVE, WILL PROVIDE THEM WITH A COPY OF THEIR ENROLLMENT FORM EITHER BY MAIL OR EMAIL, ACCORDING TO THEIR PREFERENCE.
- 8. ENROLLMENT REVIEW:** I UNDERSTAND THAT THIS ENROLLMENT, ONCE SUBMITTED, WILL NOT BE APPROVED UNTIL REVIEWED AND APPROVED BY AN ASSI REPRESENTATIVE. SHOULD THERE BE ANY ERRORS OR OMISSIONS, I WILL PROVIDE THE CORRECTED INFORMATION PROMPTLY TO FINALIZE THE ENROLLMENT.
- 9. ACTIVATION OF HOURS:** MY CLIENT AND THEIR SPOUSE ARE AWARE THAT THEY MUST CONTACT ASSI AT 1-888-245-9001 TO ACTIVATE THEIR HOURS AND THEY UNDERSTAND THE SERVICE COMMENCEMENT AND USAGE TERMS AS OUTLINED IN THEIR STATEMENT OF UNDERSTANDING.
- 10. TERMS AND CONDITIONS:** I HAVE SHARED THE TERMS AND CONDITIONS WITH MY CLIENT AND THEIR SPOUSE, AND BOTH HAVE AGREED TO THEM.

ACKNOWLEDGMENT BY REPRESENTATIVE:

BY SIGNING THIS SECTION OF THE ENROLLMENT FORM, I CONFIRM THAT THE RESPONSIBILITY FOR THIS ENROLLMENT WAS MINE AND THAT I HAVE PROVIDED ALL NECESSARY INFORMATION TO ACCURATELY COMPLETE EACH SECTION FOR BOTH MY CLIENT AND THEIR SPOUSE. I HAVE FULFILLED MY DUTIES AS A REPRESENTATIVE. ONCE THE ENROLLMENT IS PROCESSED AND APPROVED, MY CLIENT AND THEIR SPOUSE WILL HOLD A CONTRACTUAL OBLIGATION SOLELY WITH ASSI, AND I AM ABSOLVED FROM ANY LIABILITY, LAWSUITS, OR LEGAL PROCEEDINGS.

REPRESENTATIVE PRINT NAME

REPRESENTATIVE SIGNATURE

DATE