

# Sandia Plan Enrollment/Authorization Form



PLEASE PRINT CLEARLY

Email Address		Date of Birth / /		Sex <input type="checkbox"/> M <input type="checkbox"/> F	SANDIA1
Name: Last, First, Middle Initial				Coverage Effective Date / /	Broker
Address: Street, City, State, Zip					<b>Payment Authorization/Membership Agreement</b> <i>I hereby authorize the BenefitSource plan administrator, Careington Operations to charge my account each month, or annually, the applicable membership fee. This authority is to remain in full force and effect until I notify BenefitSource or Careington in writing of its termination (My Bank is authorized to make adjustments should any be necessary). I am aware "CAREINGTON INTERNATIONAL" will appear on my bank statement for this transaction. I have read and understand the terms and conditions of this authorization.</i>
Phone	Work Phone				
Covered Dependents Name: Last, First, Middle Initial	Relationship	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
<b>PLEASE COMPLETE PAYMENT OPTION - <i>Include an additional one-time processing fee of \$5</i></b>					Signature _____
					Date _____

**Payment** (choose option)    Annual Payment    \$104.00 (Ind)    \$174.00 (Ind+1)    \$243.00 (Ind+Fam)    Monthly Payment (EFT)    \$9.00 (Ind)    \$14.80 (Ind+1)    \$21.00 (Ind+Fam)

**Payment Method**    Check    VISA    MasterCard    American Express    Discover    EFT Checking    EFT Savings

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

EFT Payment Routing # \_\_\_\_\_ Account # \_\_\_\_\_ Member Enrollment Kit (choose one)    Paper    E-Kit (electronic)