

# Sandia Plan Enrollment/Authorization Form



PLEASE PRINT CLEARLY

|   |                      |  |   |             |
|---|----------------------|--|---|-------------|
| Email Address   | Date of Birth<br>/ / | Sex<br><input type="checkbox"/> M <input type="checkbox"/> F | SANDIA3   | PHP-MA 2026 |
| Name: Last, First, Middle Initial   |                      |  | Coverage Effective Date<br>/ /  | Broker      |
| Address: Street, City, State, Zip   |                      |  |   |             |
| Phone   | Work Phone           |  | <b>Payment Authorization/Membership Agreement</b><br><i>I hereby authorize the BenefitSource plan administrator, Careington International 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> |             |
|   |                      |  |   |             |
| <b>PLEASE COMPLETE PAYMENT OPTION - <i>Include an additional one-time processing fee of \$5</i></b><br>Payment (choose option) <input type="checkbox"/> Annual Payment \$88.00 <input type="checkbox"/> Monthly Payment (EFT) \$7.85<br><br><b>Payment Method:</b> <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> EFT Checking<br><input type="checkbox"/> EFT Savings |                      |  |   |             |
|   |                      |  | Signature _____   |             |
|   |                      |  | Date _____  |             |

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

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