



Discount Medical Plan Application

Co-Health Individual Membership Application

Complete this application and fax or mail to the address below.

Primary Card Holder Information

Last Name D.O.B:

First Name M.I.

Home Address

City

State Zip Code

Telephone

Email

Name: D.O.B

Name: D.O.B

Name: D.O.B

Co-Health Benefits Plan

110 William Street, 22nd Floor New York, NY 10038
 Telephone 212 271-0221 800 3373-0881
 Fax: 212 271-0224
 CHP26435

Co-Health Product Plans If you wish to purchase a comprehensive plan all A La Carte items must be purchased on a separate application.

	Annual Fee	Monthly Cost	Total
Co-Health Plus Hospital/Physician, Dental, Vision, Pharmacy/Diabetic Supplies Nurse Hotline, Hearing, Chiropractic	\$245.00	\$22.00	_____
Co-Health Basic Plus Dental, Vision, Pharmacy/Diabetic Supplies, Nurse Hotline, Hearing, Chiropractic	\$180.00	\$15.00	_____
Co-Health Basic Dental, Vision, Pharmacy/Diabetic Supplies	\$105.00	\$ 9.95	_____
Dental & Vision	\$ 82.00	N/A	_____
Dental & Pharmacy	\$ 82.00	N/A	_____
Vision & Pharmacy	\$ 50.00	N/A	_____
Physicians / Hospital Only	\$ 70.00	N/A	_____
Dental Only	\$ 75.00	N/A	_____
Vision Only	\$ 30.00	N/A	_____
Chiropractic Only	\$ 40.00	N/A	_____
Pharmacy Only	\$ 25.00	N/A	_____

Additional ID cards available @ \$3.00 each Quantity _____

One Time Registration Fee **\$10.00**

Totals \$ _____

**Payments –Mail or Fax application to address below
 Make Checks payable to Co-Health Benefits**

Check () Money Order () MasterCard () Visa ()

Other () _____

Card # Expiration Date

Signature: _____

Date: _____

DISCLOSURES

- **This plan is NOT insurance. This discount card program contains a 30 day cancellation period.**
- FL, LA, ND, OK, SC, SD and TX residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date.
- AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days.
- MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card.
- Discount Medical Plan Organization: New Benefits, Ltd. 14240 Proton Rd. Dallas, TX 75244.
- Hospital Discounts NOT available in MD and VT.
- Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance
- **The discount is only available at participating pharmacies.**
- Dental Benefit is not available to VT residents.
- Chiropractic Benefit is not available to VT residents.
- Vision Benefit is not available to VT residents.
- Physician Visit Benefit is not available to VT residents.