healthPERX
Telehealth Plus Health and Lifestyle Benefits

ENROLLMENT FOR TELADOC PACKAGE

Group Number: HPELE Date: _____ / _____ / _____

First Name _____ MI ___ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Telehealth Savings Plan

$7.35/mo.

Member is defined as primary member, spouse, and all legal dependents.

Teladoc
Medical Health Advisor
Medical Bill Saver
Nurseline
Fitness Club Discounts

I authorize my employer to deduct the above amount per month from my salary or wages for the employee paid benefits.

SIGN HERE (required) _____

DISCLOSURES

This plan is NOT insurance. This discount card program contains a 30-Day cancellation period. 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. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.Discount Medical Plan Organization, New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309.

These packages are not available to residents of KS, UT, VT, and WA.