



****Please send application to Administration****

Benefits Plus® Enrollment Application

Application Details:

Date _____ Branch # _____ Account # _____ ~

New Transfer Old Account# _____ Employee Name _____

Member Information:

_____	_____	_____	_____
Last (Primary)	First	Middle Initial	
_____	_____	_____	
Last (Joint)	First	Middle Initial	
_____	_____	_____	
Last (Joint)	First	Middle Initial	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Phone	E-mail Address		

Please review and check one of the following:

- I accept the 90-Day Free Benefits Plus® Trial Offer. I understand I can activate my complementary Identity Theft Protection and that I will have access to all of the membership benefits included with the program. After the 90-Day Free Trial, **I understand my account will be debited each month in the amount of \$_____ beginning _____.** I also understand that I can opt out of the Program and membership fee at any time.
- I accept the Hero Rewards Free Benefits Plus® offer. I understand I can activate my complementary Identity Theft Protection and that I will have access to all of the membership benefits included with the program. I understand that if at any time I am no longer eligible for a Hero Rewards account type or change from the Hero Rewards account, then I will be charged the monthly membership fee.
- I decline the 90-Day Free Benefits Plus® Trial Offer. I understand that I will not be covered with Identity Theft Protection or have access to any of the membership benefits included with this program.
- Cancel membership as of _____. I understand all services and benefits will be cancelled including the complimentary Identity Theft Protection and I may reactivate at any time without an additional 90-Day Free Benefits Plus® Trial Offer.

I (We) herby accept this financial institutions offer to participate in the benefits program offered by Generations Gold Inc., and to receive specified discounts on various services. I (We) agree to pay the monthly fees in accordance with the Schedule of Fees brochure and benefits package I have received. I (We) understand that this financial institution makes no representation, expressed or implied, regarding the quality of service and products provided by the participants and shall have no liability in connection therewith. All liabilities, claims, damages and demands are the sole and direct responsibility of Generations Gold and its independent benefits providers. I (We) hereby authorize this financial institution to release any information deemed necessary for participation in the Benefits Plus® program. I (We) understand that the benefits and services are provided by Generations Gold Inc. a fully independent benefits provider.

Member(s) agree that by signing below they have received a copy of the membership information and above disclosure.

Signature _____