



ENROLLMENT FORM
FOR DIRECT ENROLLMENT
CHAMBER PLANS

Your Information:

Form with fields: LAST NAME, FIRST, GENDER (Male/Female), BIRTHDATE, PHONE, HOME ADDRESS - STREET, CITY - STATE - ZIP, EMPLOYER NAME AND LOCATION (CITY/STATE), CHAMBER OF COMMERCE (Chamber Affiliation) WEST BEND AREA CHAMBER OF COMMERCE

Your Dependents Information:

Table with columns: LAST NAME (If different), FIRST, GENDER (M/F), DATE OF BIRTH (Mo, Day, Year). Rows for Spouse/Domestic Partner and Other Dependents.

Payment Information & Program Agreement

Choose a payment plan: Monthly Annually

Choose a payment method: Visa MasterCard American Express Discover

Credit card number: Exp. date: Name on card:

I hereby authorize Wyssta Services, Inc. to charge my credit card account as indicated above until I elect to cancel.

Signature of Cardholder (required if paying by credit card) Today's Date

Benessential applications received by the 15th of the month will be effective the 1st of the following month. Applications received after the 15th of the month will be effective the 1st of the following month. Membership materials, including your new discount card, will be mailed to you within two weeks.

Benessential is owned by Wyssta Services, Inc. The Programs set forth in this application are not insurance and are not intended to replace any existing insurance you may have. Benessential does not make payments directly to Providers. As the Program Member, you are obligated to pay the Providers in the Benessential Network for any services received. Payment for services is based upon a pre-negotiated discount fee with Providers in the discount is available only for Providers in the Network.

You may cancel your membership at any time by calling our Customer Service Department, toll-free, at 877-545-4541 or in writing to Benessential, P.O. Box 241550, Milwaukee, WI 53224.

I have reviewed and understand all the Program information and agree to the Program terms and conditions.

Program Member Signature (required)

Mail your completed enrollment form to: Benessential, P.O. Box 241550, Milwaukee, WI 53224