

Benefits Plus® Enrollment Application

Application Details:

Date _____

Referred by _____

Customer 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 initial the following:

I accept the Benefits Plus® membership and understand my account will be debited each month in the amount of \$2.99 I also understand that I can opt out of the Program and membership fee at any time.

I decline the Benefits Plus® membership. I understand that I will not be covered with Identity Theft Restoration Rescue® or have access to any of the membership benefits included with this program.

I (We) hereby 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 GenGold® program. I (We) understand that the benefits and services are provided by Generations Gold Inc. a fully independent benefits provider.

I (We) understand the Restoration Rescue® will be in force 10 business days from the date of enrollment. I (We) understand I can visit Gengold.com for complete details. I (We) understand that I (we) must register debit/credit cards to receive the Cash Back benefits.

The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other federal government agency of the United States the financial institution or any affiliate of the financial institution.

Oral disclosure was given to the consumer(s) (not required for transactions conducted electronically or by mail).

Customer(s) agree that by signing below they have received a copy of said disclosure orally and in written form.

Signature _____

Please return form to Conservation Employees Credit Union.
Mailing address: Conservation Employees' Credit Union, PO Box 180, Jefferson City, MO 65102
Fax: 573-526-4715
Email: Jessica.Stuenkel@mdc.mo.gov