



**Repatriation:**  
To return the body of a deceased loved one to their homeland for burial

**Want To Be Buried in Your Homeland?  
For \$15 per month ....You Can !**

- Up to **\$10,000** to Repatriate Remains to Homeland for Burial.
- **\$50,000** "Accidental" Death Benefit
- Up to **\$25,000** Emergency Medical Evacuation
- **\$5,000** or 10% Principle Sum (Lesser of) Hospital / Emergency Room Charges
- **\$10,000** Rehabilitation
- **\$5,000** or 10% (Lesser of) Psychological Therapy
- 10% Discount on Calls To **Latin America** provided by Voyze... (limited to 60 days)  
**Family Members Can Share in the Plan Mins.** (2 phones, all plans except Unlimited)
- Prescription Drug Discount Card
- Toll Free Repatriation Assist Line and more...

**If you do not have a major credit card for your Care Alternative Program...**

**We Can Help!**



As an approved Strategic Partner of Care Alternative (CANA), your members will be entitled to a prepaid stored value debit Visa card. Once loaded, your members can pay for their Care Alternative Program, and enjoy making purchases using their new stored value Visa card anywhere Visa is accepted.

No previous credit history required for card account applicants

Real time "Account-to-Account" fund transfers

Real time online access to balances and purchase history

Unique mobile banking and text messaging services

Safe alternative to cash for students and tourists traveling abroad.

To learn more and apply for the Visa Program please visit [www.frugalgeorge.carealternative.com](http://www.frugalgeorge.carealternative.com)

**Care Alternative North America**  
181 Howard Blvd., Suite M-405  
Mt. Arlington, NJ 07856  
866-641-2622  
[www.frugalgeorge.carealternative.com](http://www.frugalgeorge.carealternative.com)



**Affordable Wellness Programs**



**Repatriation Policy (Insurance)**



**Mini-Med Medical Program (Insurance)**



**Pre-Paid Debit Card Program (FDIC Insured)**

Visit [www.frugalgeorge.carealternative.com](http://www.frugalgeorge.carealternative.com) to see additional Program benefits

## Mini-Med Medical Healthcare Program

### Supplemental Hospital Indemnity Plan



The Mini-Med Benefit Program is a unique "Reimbursement" and Co-Pay Benefit that is accepted by over 400,000 respected practitioners, 3,800 hospitals, and 52,000 specialty care facilities, so it's not difficult to find a participating provider in any area of the country.

#### Coverage's include:

Hospital	Doctor Visits	<b>Discount</b>
Surgery	Wellness Visits	<b>Value Package</b>
Mental Illness	Intensive Care	Dental
Accident Coverage	Rx Discount Card	Vision
Emergency Room	Substance Abuse	Hearing
		Alternative Healthcare

\*List all covered dependents' names and date of birth and SS# or Matricula ID#

	Name	DOB
SELF	_____	_____
SS# or Matricula ID#:	_____	
SPOUSE	_____	_____
CHILD 1.	_____	_____
CHILD 2.	_____	_____
CHILD 3.	_____	_____
CHILD 4.	_____	_____

#### Monthly Premiums:

Single: \$157.50 Husband/Wife: \$205.50  
 Parent & Child(ren): \$211.50 Family: \$263.50

# Enrollment Form

## Section I

### (Personal Information)

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ Initial \_\_\_\_  
 Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Street \_\_\_\_\_  
 Apt. # \_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender: Male \_\_\_ Female \_\_\_  
 Your Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Email : \_\_\_\_\_  
 Driver License # \_\_\_\_\_  
 State \_\_\_\_ Exp. Date \_\_\_\_\_

## Section II

### (Check desired program)

- Mini Med     Repatriation  
 Pre-Paid Visa Card

## Section III

### (Pricing)

- Mini Med: Circle Desired Plan**
  - Self \$157.50 monthly
  - Self + Child(ren) \$211.50 monthly
  - Self + Spouse \$205.50 monthly
  - Family \$263.50 monthly
- Repatriation:**  
 \$15.00 per month per policyholder

## Section IV

### (Repatriation Program Only)

Primary Residence Address (Outside US):

\_\_\_\_\_  
 \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

## Section V

### (Signature required for any program selected)

**Notice:** Any person who knowingly and with intent to injure, defraud or deceive CARE ALTERNATIVE NORTH AMERICA, who files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison. Any written or oral misrepresentation or warranty made in this application by the applicant or in the applicant's behalf, may, at the sole determination of CARE ALTERNATIVE NORTH AMERICA, be deemed material and defeat or void the CARE ALTERNATIVE NORTH AMERICA Certificate of Benefits and/or prevent its attaching.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Section VI

### (MONTHLY PAYMENT METHOD)

Credit Card Type (Check One): Visa \_\_\_ AMEX \_\_\_  
 Master Card \_\_\_ Discovery \_\_\_ Other \_\_\_\_\_  
 Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Exp. \_\_\_\_\_ / \_\_\_\_\_

**Note: There is a \$10 One Time Processing Fee on ALL Care Alternative Programs**