



NATIONWIDE HOME CARE PLANS



True Freedom Home Care Plans & Online Enrollment Guide

Dun & Bradstreet
CREDIBILITY CORP





NATIONWIDE HOME CARE PLANS

American Senior Services Incorporated

- ***Created From An Insurance Entity Founded In 1958***
- ***Principals Each Have Over 30 Years Insurance Experience***
- ***Pioneered National Homecare Membership Plans In 2008***
- ***Highest Rating Available From Dun And Bradstreet***
- ***A+ Accredited Company With The Better Business Bureau***



Highly Rated Innovator With Extensive History

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NATIONWIDE HOME CARE PLANS



- ❖ No Medical Underwriting
- ❖ No Age Limits
- ❖ Available Nationwide
- ❖ Choices Of Service
- ❖ Field Issue Contract
- ❖ No Health Triggers

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NATIONWIDE HOME CARE PLANS



PLATINUM PLAN

10,000 Lifetime Membership Hours

\$250,000 *Current Lifetime Retail Value



GOLD PLAN

6,000 Lifetime Membership Hours

\$150,000 *Current Lifetime Retail Value



SILVER PLAN

3,000 Lifetime Membership Hours

\$75,000 *Current Lifetime Retail Value



BRONZE PLAN

1,500 Lifetime Membership Hours

\$37,500 *Current Lifetime Retail Value





NATIONWIDE HOME CARE PLANS

AGENCY AND ANYTIME SERVICES INCLUDE:

- Meal Planning / Preparation
- Assistance With Dressing
- Assistance With Bathing, Toileting And Hygiene
- Grooming
- Laundry, Ironing And Changing Linens
- Grocery Shopping
- Light Housekeeping
- Monitor Diet And Food Expirations
- Medication Reminders
- Accompany To Doctors Appointments And More





NATIONWIDE HOME CARE PLANS

ANYTIME Hours

(Provided by a friend or neighbor) are available any day of the week and during any/all hours including **overnight and 24/7 live-in home care.**

Friend or neighbor is compensated between \$12.50 & \$15 an hour. They send in a weekly worksheet. Payment is sent to member who reimburses friend or neighbor.

AGENCY Hours

(Provided by a Network Agency) are available for up to 5 hours a day, Monday thru Friday between the hours of 9:00am and 5:00pm.

All home care agency invoices are sent directly to ASSI and are paid upon receipt. ASSI carries no debt and your client/our member never sees a bill. They only continue to pay their monthly or annual membership fee.

Distribution Of Hours

- True Freedom Plan “hours” are divided in to ten equal “bundles” that add up to the Lifetime Membership Hours.

(Example: Gold Plan: 10 Bundles Of 600 Hours = 6000 Lifetime Membership Hours)

- Regardless of which point in time a member accessed service, they would begin utilizing the hours in the initial bundle and could do so as quickly or slowly as desired.
- 90-Day Rejuvenation Period in between bundles.
- On 91st day following Rejuvenation Period, 2nd bundle of hours can be accessed. Cycle would repeat until member has utilized 10 bundles/Lifetime Membership Hours of their chosen plan. At that point, membership would come to an end.

Built-In Features

TRUE FREEDOM DISCOUNT REWARD PROGRAM

- Members earn a discount of 10% upon the anniversary and renewal of membership for each year that no home care services have been utilized. That savings will continue for up to the first 4 years of membership.*

BRONZE PLAN PLAN

1500 Lifetime Hours

10,000 Lifetime Hours

Year 1: \$95.00 A Month

Year 2: \$85.50 A Month

Year 3: \$76.00 A Month

Year 4: \$66.50 A Month

Year 5: \$57.00 A Month

SILVER PLAN

3000 Lifetime Hours

Year 1: \$175.00 A Month

Year 2: \$157.50 A Month

Year 3: \$140.00 A Month

Year 4: \$122.50 A Month

Year 5: \$105.00 A Month

GOLD PLAN

6000 Lifetime Hours

Year 1: \$295.00 A Month

Year 2: \$265.50 A Month

Year 3: \$236.00 A Month

Year 4: \$206.50 A Month

Year 5: \$177.00 A Month

PLATINUM

Year 1: \$475.00 A Month

Year 2: \$427.50 A Month

Year 3: \$380.00 A Month

Year 4: \$332.50 A Month

Year 5: \$285.00 A Month

- From the 5th year and beyond, membership rates will remain at the 40% discounted rate until the time that homecare service has been requested.*

Built-In Features

INFLATION PROTECTION

***Value Of Plan Hours **INCREASES** Over Time
With The Cost Of Home Care***

Example: Platinum Plan

- *Lifetime Membership Hours is 10,000 hours*

2014 Home Care Average - \$20.00/hr.

Value = \$200,000.00

2018 Home Care Average - \$25.00/hr.

Value = \$250,000.00

Est. Home Care Cost in 2023 - \$30.00/hr. +

Value = \$300,000.00 or more



Nationwide Online Enrollment Landing Page

<http://nationwide.truefreedomhomecare.com>

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NATIONWIDE HOME CARE PLANS

Marketing Tools

Sales Materials

Training Tools

24/7 HOME CARE BENEFITS / CUSTOM CARE ASSISTANCE

ONLINE ENROLLMENT

COVID-19 UPDATE FROM TRUE FREEDOM

True Freedom Home Care Plans

Nobody Wants To Go To A Nursing Home... It's for this reason that American Senior Services Incorporated created the TRUE FREEDOM HOME CARE PLANS.

Available in all 50 states, True Freedom Home Care Plans are designed for seniors who have waited too long to shop for traditional Long Term Care Insurance and now cannot qualify because of underwriting or financial limitations.

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ONE CALL DOES IT ALL!

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NATIONWIDE HOME CARE PLANS

Marketing Tools Sales Materials Training Tools

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[CLICK HERE to Download Video](#)

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NATIONWIDE HOME CARE PLANS

Marketing Tools Sales Materials Training Tools

24/7 HOME CARE BENEFITS / CUSTOM CARE ASSISTANCE

ONLINE ENROLLMENT

COVID-19 UPDATE FROM TRUE FREEDOM

True Freedom Home Care Plans

Nobody Wants To Go To A Nursing Home... It's for this reason that American Senior Services Incorporated created the TRUE FREEDOM HOME CARE PLANS.

Available in all 50 states, True Freedom Home Care Plans are designed for seniors who have waited too long to shop for traditional Long Term Care Insurance and now cannot qualify because of





Package: True Freedom Nationwide

	Role	Representative
*	First Name	<input type="text" value="Dennis"/>
*	Last Name	<input type="text" value="Rinner"/>
*	Email	<input type="text" value="reps@truefreedomhomecare.com"/>

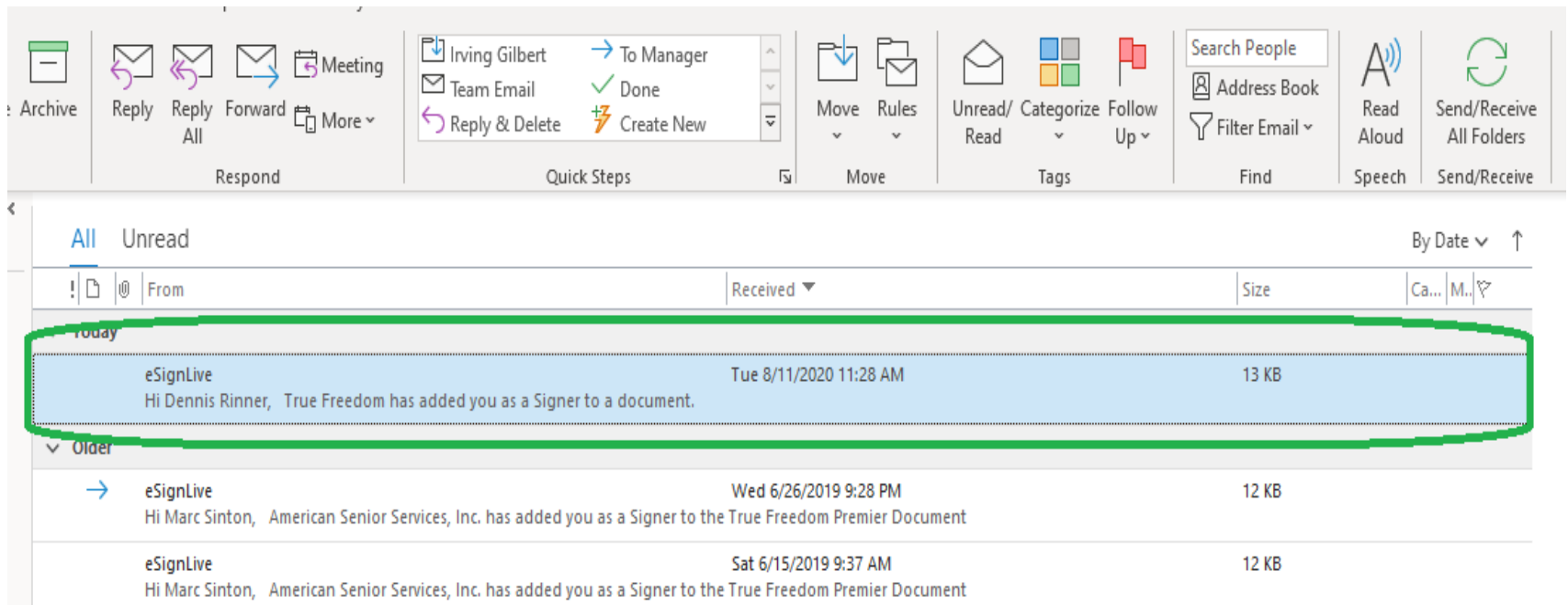
	Role	Client
*	First Name	<input type="text" value="Chen"/>
*	Last Name	<input type="text" value="Randall"/>
*	Email	<input type="text" value="member@truefreedomhomecare.com"/>

Submit





Go to your email inbox and find the email sent from eSignLive and open it.



Representative's E-Mail Account

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NATIONWIDE HOME CARE PLANS

Respond Quick Steps Move Tags Find Aloud Speech Send/Receive Grammarly

All Unread By Date ↑

▼ Today

eSignLive
13 KB
Hi Dennis Rinner, True Freedom has added you as a 11:28 AM

▼ Older

eSignLive
12 KB
Hi Marc Sinton, American Senior Services, Inc. has 6/26/2019

eSignLive
12 KB
Hi Marc Sinton, American Senior Services, Inc. has 6/15/2019

Scott Gross
11 KB
Hello Julie, We would like to have you as a 6/3/2019

Dave Eckerson
21 KB
Chen, Somehow this email got past me. I am not with 5/17/2019

eSignLive
12 KB
Hi Marc Sinton, American Senior Services, Inc. has 5/16/2019

True Freedom has added you as a Signer to the document

eSignLive <signers@esignlive.com>
To: Dennis Rinner

11:28 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

Hi Dennis Rinner,

True Freedom has added you as a Signer to a document.

[Go to Documents](#)

Thank you for choosing American Senior Services, Inc.
Your American Senior Services, Inc. Team
1-888-245-9001
www.truefreedomhomecare.com

Representative's E-Mail Account



NATIONWIDE HOME CARE PLANS

OneSpan Sign x +

apps.esignlive.com/packages/bPqHkfzhg0_qp4XSbUKCeJ7fcf0=/documents/cabbaa6ccc2dce78ecd46a3f5e83d... ☆


For quick access, place your bookmarks here on the bookmarks bar. [Import bookmarks now...](#)

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Opt Out Download Download All Files Decline Confirm Language

Please review and sign this Document by scrolling and clicking on the "Click to Sign" or "Click to Initial" boxes.

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Download 2



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ENROLLMENT FORM

Field Issued Contract / Home Care Services

1 (888) 245-9001

I understand American Senior Services Home Care Plans are NOT insurance

MEMBER M ☐ F ☐ D.O.B. AGE
First M Last

ADDRESS CITY

STATE ZIP COUNTY TELEPHONE

EMAIL: DATE OF SALE REP ID:

I DO NOT currently need or receive any assistance (including from family members) with activities such as bathing, dressing and transferring or living independently at this time. (If you are, do not submit enrollment.)

MEMBERSHIP PLANS (Select One)

☐ PLATINUM 10,000 Lifetime Membership Hours ☐ GOLD 6,000 Lifetime Membership Hours
☐ SILVER 3,000 Lifetime Membership Hours ☐ BRONZE 1,500 Lifetime Membership Hours

INITIAL ENROLLMENT PAYMENT OPTIONS (Select One):

☐ Monthly ☐ Annual

Initial Payment Amount: \$ Enrolling Today with a Spouse/Partner: ☐ YES ☐ No

Payment Information: (If a field is not applicable please enter N/A)

Bank Name: Account Type: Checking ☐ Savings ☐ Credit Card ☐

ABA Routing #: Bank or Credit Card Account #:

Credit Card Expiration Date: Credit Card CVV Code:

Account Holder Name: Billing Address:

Billing City: Billing State: Billing Zip:

RENEWAL SELECTION (Select One): ☐ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

Customer Survey Report

I have provided an email to receive a signed copy of the Field Issued Contract
I have provided an email to receive a receipt
I am aware of the annual cost for the membership plan I have chosen
I am aware that the True Freedom Homecare Plans are NOT insurance
I am aware this provides non-medical homecare services
I have completed this report myself

Yes No

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

Member's Signature

Click to Sign

Date

Signing Date



The **DATE OF SALE** will be automatically filled in after your client have Completed, and click to sign the application.



ENROLLMENT FORM

Field Issued Contract / Home Care Services

1 (888) 245-9001

I understand American Senior Services Home Care Plans are NOT insurance

MEMBER	<input type="text" value="Chen"/>	<input type="text" value="Randall"/>	M	<input type="checkbox"/>	F	<input checked="" type="checkbox"/>	D.O.B.	<input type="text" value="01/01/48"/>	AGE	<input type="text" value="72"/>	
	First	M	Last								
ADDRESS	<input type="text" value="123 Home Ave"/>						CITY	<input type="text" value="Largo"/>			
STATE	<input type="text" value="FL"/>	ZIP	<input type="text" value="33777"/>		COUNTY	<input type="text" value="Pinellas"/>		TELEPHONE	<input type="text" value="727 545-5511"/>		
EMAIL:	<input type="text" value="member@truefreedomhomecare.com"/>						DATE OF SALE	<input type="text"/>		REP ID	<input type="text" value="FL001"/>

I DO NOT currently need or receive any assistance (including from family members) with activities such as bathing, dressing and transferring or living independently at this time. (If you are, do not submit enrollment.)

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NATIONWIDE HOME CARE PLANS

Make sure you go over the suitability standard with your client

Please review and sign this Document by scrolling and clicking on the "Click to Sign" or "Click to Initial" boxes.

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NATIONWIDE HOME CARE PLANS

ENROLLMENT FORM

Field Issued Contract / Home Care Services

1 (888) 245-9001

I understand American Senior Services Home Care Plans are NOT insurance

MEMBER M ☐ F ☒ D.O.B. AGE
First M Last

ADDRESS CITY

STATE ZIP COUNTY TELEPHONE

EMAIL DATE OF SALE REP ID

I DO NOT currently need or receive any assistance (including from family members) with activities such as bathing, dressing and transferring or living independently at this time. (If you are, do not submit enrollment.)

MEMBERSHIP PLANS (Select One)

- | | | | |
|-----------------------------------|----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> PLATINUM | 10,000 Lifetime Membership Hours | <input type="checkbox"/> GOLD | 6,000 Lifetime Membership Hours |
| <input type="checkbox"/> SILVER | 3,000 Lifetime Membership Hours | <input type="checkbox"/> BRONZE | 1,500 Lifetime Membership Hours |

INITIAL ENROLLMENT PAYMENT OPTIONS (Select One):

☐ Monthly ☐ Annual

Initial Payment Amount: \$ Enrolling Today with a Spouse/Partner: ☐ YES ☐ No

Payment Information: (If a field is not applicable please enter N/A)

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NATIONWIDE HOME CARE PLANS

If your client is enrolling with or without a spouse/partner, please checking the appropriate box.

MEMBERSHIP PLANS (Select One)

- ☒ PLATINUM 10,000 Lifetime Membership Hours ☐ GOLD 6,000 Lifetime Membership Hours
☐ SILVER 3,000 Lifetime Membership Hours ☐ BRONZE 1,500 Lifetime Membership Hours

INITIAL ENROLLMENT PAYMENT OPTIONS (Select One):

- ☒ Monthly ☐ Annual

Initial Payment Amount: \$ 475.00

Enrolling Today with a Spouse/Partner: ☐ YES ☒ No

Payment Information: (If a field is not applicable please enter N/A)

Bank Name: Wells Fargo Account Type: ☒ Checking ☐ Savings ☐ Credit Card ☐
ABA Routing #: 123456789 Bank or Credit Card Account #: 1234567891011
Credit Card Expiration Date: N/A Credit Card CVV Code: N/A
Account Holder Name: JAMES LIU Billing Address: PO BOX 123
Billing City: NEW YORK CITY Billing State: NY Billing Zip: 12123

RENEWAL SELECTION (Select One):

- ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice



You cannot leave any of the red boxes empty! Type in N/A.

MEMBERSHIP PLANS (Select One)

<input checked="" type="radio"/> PLATINUM	10,000 Lifetime Membership Hours	<input type="radio"/> GOLD	6,000 Lifetime Membership Hours
<input type="radio"/> SILVER	3,000 Lifetime Membership Hours	<input type="radio"/> BRONZE	1,500 Lifetime Membership Hours

INITIAL ENROLLMENT PAYMENT OPTIONS (Select One): ☒ Monthly ☐ Annual

Initial Payment Amount: \$ **Enrolling Today with a Spouse/Partner:** ☐ YES ☒ No

Payment Information: (If a field is not applicable please enter N/A)

Bank Name: **Account Type:** ☒ Checking ☐ Savings ☐ Credit Card

ABA Routing #: **Bank or Credit Card Account #:**

Credit Card Expiration Date: **Credit Card CVV Code:**

Account Holder Name: **Billing Address:**

Billing City: **Billing State:** **Billing Zip:**

RENEWAL SELECTION (Select One): ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

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NATIONWIDE HOME CARE PLANS



following the initial 90-day Waiting Period, that would not be a suitable membership.

ASSI's membership program arranges for non-medical services to be provided in the comfort of your own home, either:

ANYTIME Home Care Services can be utilized any day / evening / night, including weekends and overnight service (or 24 hours / 7 days a week live-in service), up to the total number of hours specified under the plan that you purchase. At the time that you designate a friend or neighbor for the ANYTIME Home Care Service, you will sign a release of ASSI from any liability for injuries or damages caused by your friend or neighbor. The selected friend or neighbor must also be approved by American Senior Services, Inc. Pre-authorized requests of 8 hours or more will be considered as 24-hour live-in services for that day. Payment will not exceed \$150 for a live-in friend or neighbor in any given 24-hour period.

AGENCY Home Care Service Up to five (5) hours a day, Monday through Friday between 9:00 a.m. and 5:00 p.m. by a network agency excluding National Holidays. Payments to network agency cannot exceed \$150.00 a day. ASSI may change AGENCY service providers at any time.

In order to receive the AGENCY Home Care Service hours or the ANYTIME Home Care Service hours, your membership must be in effect for ninety (90) days (the "Waiting Period"), during which you cannot use any of the hours. Once the Waiting Period has elapsed, AGENCY Home Care Service hours and ANYTIME Home Care Service hours can be mixed and matched, up to the total number of hours specified under the plan that you purchase; provided however, that both AGENCY Home Care Service hours and ANYTIME Home Care Service hours cannot be utilized in any single 24-hour period.

Notwithstanding the preceding paragraph, at any time after your membership has been active for ten (10) days, if a temporary situation arises during the remainder of the Waiting Period, then you may request EMERGENCY CARE BENEFITS during the Waiting Period, which may be AGENCY Home Care Services or ANYTIME Home Care Services, with the maximum service hours available being ten percent (10%) of the initial total number of hours specified under your plan.

The Lifetime Membership Hours of each plan are equally divided into ten (10) separate bundles. Once the service hours in the initial bundle have been exhausted, following a 90-day Rejuvenation Period (of non-use), the 2nd bundle of plan hours of a membership can be accessed. A total of nine (9) Rejuvenation Period occur separating each bundle of hours that add up to the total Lifetime Membership Hours of a contract. All plans cover a period of twelve (12) months (each a "Term"). Unused hours from a preceding term will roll over and must be utilized before service hours in a new bundle can be accessed following a 90-day Rejuvenation Period. The Home Care Hours of any plan can rejuvenate for up to the "Maximum Lifetime Membership Hours" which is a total of 10 times the initial bundle of hours of your chosen plan. Multiple bundles of hours can be utilized within a twelve (12) month term within the parameters of the contract. Contracts must be kept current through all periods of membership and continued access to any unused service hours in a chosen plan.

TO ACTIVATE SERVICES

To receive services, call the ASSI toll free customer service number: 1-888-245-9001

Please allow between 24 and 72 hours after your call for ASSI to coordinate services. Requests should be prudent and necessary. All service requests must be pre-authorized by ASSI. All unauthorized claims will be denied, and member will be responsible for payment of those services. Contract must be paid in full if service is activated within the first 12 months. TrueFreedom™ Premier Plans, other than those stated in the plan brochure or for an annual membership payment or duo enrollment. (Any membership fee discounts for non-use will discontinue when home care service is activated and will return to the original membership fee on the next payment due for the remainder of the membership.)

CANCELLATION

Non-payment of fees will result in cancellation of your membership, with cancellation occurring if a monthly bank draft fee is not paid by the due date of the contract. If a membership invoice isn't paid within 30 days of its due date, membership will be cancelled. In addition, all memberships include a one-time 10-day cancellation period. The cancellation notice must be submitted to ASSI in writing in a signed letter (no faxes or emails), post-marked within 10-days from the effective date of your membership. **Full refunds will be made during this time only. After 10-days, you may cancel your membership at any time; however, ASSI is under no obligation to refund any portion of your membership fee. In the event of death, your estate will be refunded on a prorated basis. Death certificate must be received within 90 days from the date of passing.**

MAIL LETTER TO: American Senior Services, Inc., 8250 Bryan Dairy Road Suite 350, Largo, FL 33777

MISCELLANEOUS

These Terms and Conditions may be amended from time to time by ASSI upon thirty (30) days prior written notice to you, sent to your home address as shown on the Enrollment Form. In the event of such unilateral amendment by ASSI, you have the right to terminate the Agreement by giving written notice of such termination to ASSI as specified above within ten (10) days after your receipt of the notice from ASSI of the amendment to these Terms and Conditions. If ASSI determines that misstatement, fraud or misappropriation of service was intended or utilized, ASSI reserves the right to terminate or revoke a membership contract.

This Agreement is made in and shall be governed by and construed under the laws of the State of Florida.

The failure of either of us to exercise any of our rights or to enforce any of the provisions of the Agreement on any occasions shall not be a waiver of such right or provision, nor affect the right of such party thereafter to enforce each and every provision of the Agreement. If any provision of the Agreement is held to be invalid, illegal, or unenforceable under any applicable statute or rule of law, then that provision shall be reformed to the maximum extent permitted to preserve the parties' original intent as agreed by the parties; failing which, such provision shall be severed from the Agreement, with the balance of the Agreement continuing in full force and effect. This Field Issued Agreement is retained by you at the time of purchase, with a signed copy being delivered to ASSI, as well.

I have read and understand the Terms and Conditions in full.

Member's Signature

Date

REPRESENTATIVE SURVEY REPORT

Have you reviewed the Suitability Standard for enrollment with your client?

☒ YES ☐ NO

Representative's Signature

Signing Date

Date



Answer the Representative Survey question
by click on the appropriate box,
otherwise the document will not allow you to click to sign.

delivered to you, as well.

I have read and understand the Terms and Conditions in full.

Member's Signature

Date

REPRESENTATIVE SURVEY REPORT

Have you reviewed the Suitability Standard for enrollment with your client?

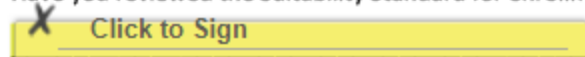


YES

or



NO

Click to Sign

Signing Date

Representative's Signature

Date

11_15_2019

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NATIONWIDE HOME CARE PLANS

I have read and understand the Terms and Conditions in full.

Member's Signature

Date

REPRESENTATIVE SURVEY REPORT

Have you reviewed the Suitability Standard for enrollment with your client?



YES

or



NO

✓ Accepted

Signing Date

Representative's Signature

Date

11_15_2019



NATIONWIDE HOME CARE PLANS

Customer Survey Report

I have provided an email to receive a signed copy of the Field Issued Contract

Yes

No

I have provided an email to receive a receipt

I am aware of the annual cost for the membership plan I have chosen

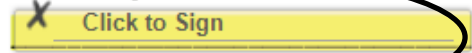
I am aware that the True Freedom Homecare Plans are NOT insurance

I am aware this provides non-medical homecare services

I have completed this report myself

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

Member's Signature

 Click to Sign

Representative's Signature

Date

Signing Date

Date

11_15_2019

Terms and Conditions

The following Terms and Conditions (the "Terms and Conditions") are hereby incorporated as an integral part of the True Freedom Enrollment and Service Contract (collectively, the "Agreement"), between American Senior Services, Inc. a Florida Corporation ("ASSI"), and the member named in and who signed the Agreement ("you").

THIS AGREEMENT IS NOT INSURANCE, BUT RATHER CONSTITUTES A SERVICE CONTRACT. THIS IS NOT A REPLACEMENT OF ANY INSURANCE POLICY. IT IS NOT INTENDED TO BE UTILIZED AT THE TIME OF ENROLLMENT. (REVIEW SUIABILITY TO VALIDATE YOUR PURCHASE BELOW.)

A member must be able to live independently at the time of enrollment and cannot currently be in need of or receiving any assistance (including from family members) with activities such as bathing, dressing and transferring at the time of enrollment. If the intent upon enrollment is to go on service for a current condition following the initial 90-day Waiting Period, that would not be a suitable membership.

ASSI's membership program arranges for non-medical services to be provided in the comfort of your own home, either:





NATIONWIDE HOME CARE PLANS

RENEWAL SELECTION (SELECT ONE):

☐ Monthly Bank Draft

☐ Monthly Credit Card

☐ Invoice

Customer Survey Report

Yes

No

I have provided an email to receive a signed copy of the Field Issued Contract

I have provided an email to receive a receipt

I am aware of the annual cost for the membership plan I have chosen

I am aware that the True Freedom Homecare Plans are NOT insurance

I am aware this provides non-medical homecare services

I have completed this report myself

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

Member's Signature

✓ Accepted

Representative's Signature

Date

Signing Date

Date

11_15_2019

Account Holder Name:

Billing Address:

Billing City:

Billing State:

Billing Zip:

RENEWAL SELECTION

Customer Survey

I have provided an email

I have provided an email

I am aware of the annual

I am aware that the True

I am aware this provides non-medical homecare services

I have completed this report myself

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

Member's Signature

☒ Accepted

Representative's Signature

Date

Signing Date

Date

Confirm

Please click OK to confirm your signatures to this document or click Cancel to review it again before submission

Cancel

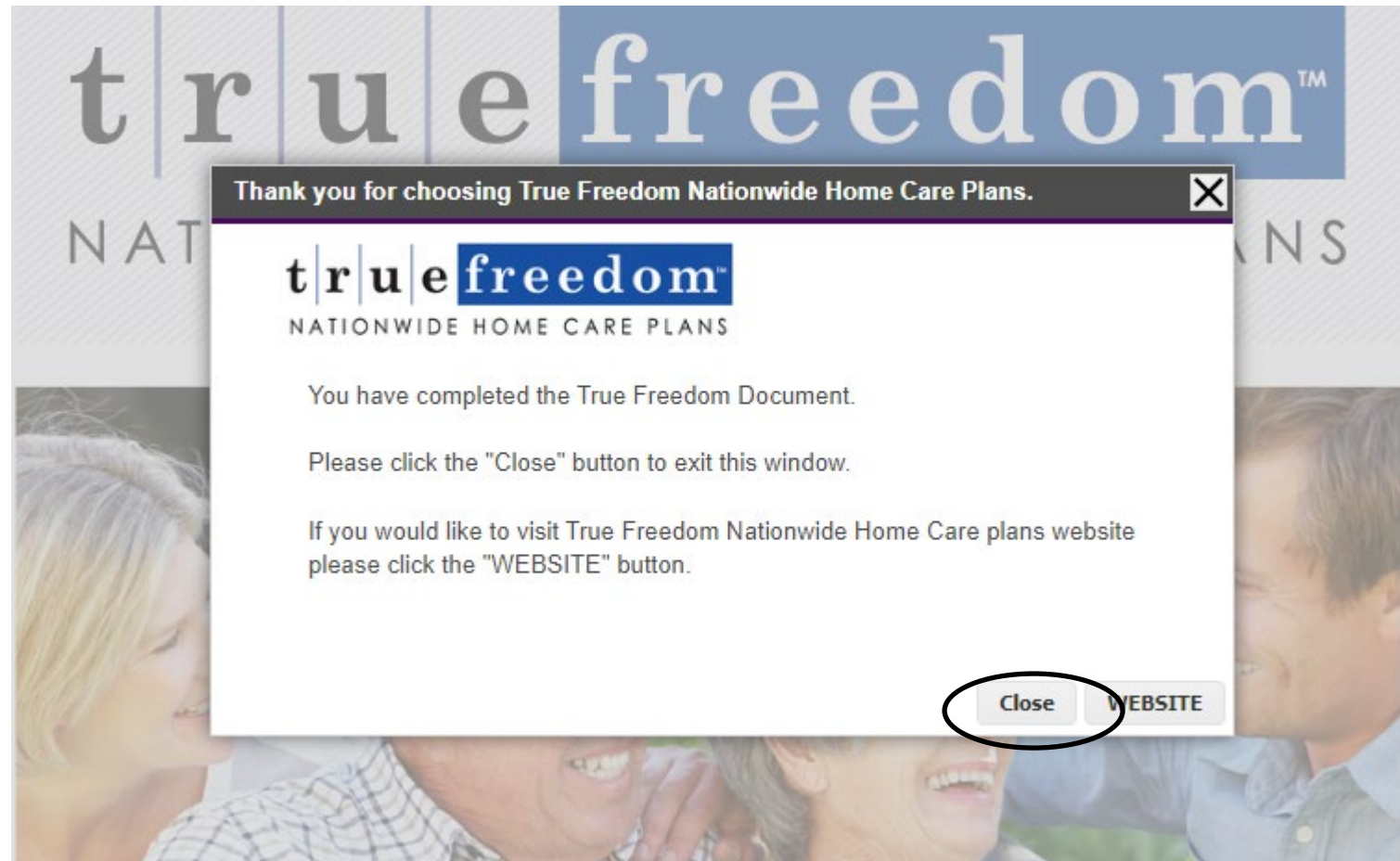
☒ OK

☐ Invoice

No

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NATIONWIDE HOME CARE PLANS



Thank you for choosing True Freedom Nationwide Home Care Plans.



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You have completed the True Freedom Document.

Please click the "Close" button to exit this window.

If you would like to visit True Freedom Nationwide Home Care plans website
please click the "WEBSITE" button.

Close

WEBSITE



NATIONWIDE HOME CARE PLANS

Representative's Section Complete



**Now Ask The Prospective Member To Open Their Email
Account And Locate The Correspondence From
“eSignLive” And Click On It**

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NATIONWIDE HOME CARE PLANS

Search

Send / Receive Folder View Help Grammarly

More Clean Up ~ Delete Archive Reply Reply All Forward Meeting More ~

Quick Steps: Move to: ? To Manager Team Email Done Reply & Delete Create New

Move Rules Unread/Read Categorize Follow Up

Find: Search People Address Book Filter Email

Speech: Read Aloud Send/Receive All Folders Reply with Grammarly

ers Here < All Unread

[15] 2

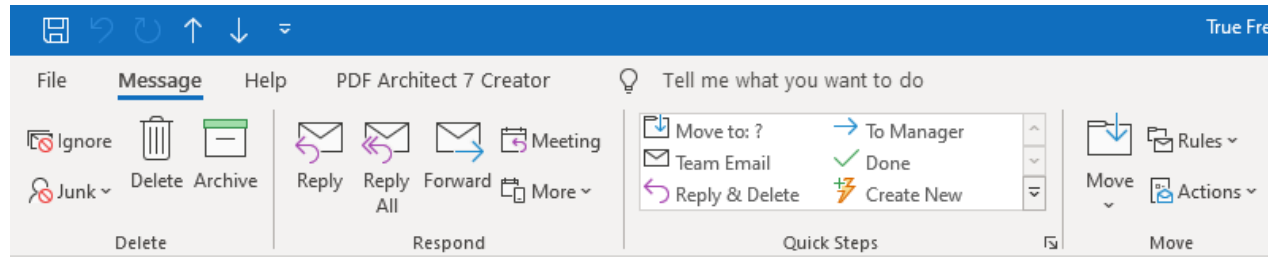
1312

who...

	From	Received	Size	Categori...	Menti...
Today					
	eSignLive Hi Chen Randall, True Freedom has added you as a Signer to a document.	Wed 8/12/2020 2:47 PM	13 KB		
Older					
	True Freedom Happy Holidays to you and yours!	Wed 12/4/2019 4:27 PM	35 KB		
	True Freedom Happy Holidays to you and yours!	Wed 12/4/2019 4:02 PM	41 KB		
	True Freedom May your days be merry and bright.	Tue 12/3/2019 10:59 AM	42 KB		
	True Freedom May your days be merry and bright.	Tue 12/3/2019 10:54 AM	42 KB		
	GREGORY RAYMOND Here you go - let me know if you need anything else!	Wed 11/27/2019 3:06 PM	1 MB		
	True Freedom	Thu 11/7/2019 10:16 AM	43 KB		

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NATIONWIDE HOME CARE PLANS




True Freedom has added you as a Signer to the document



eSignLive <signers@esignlive.com>

To: Chen Randall

 If there are problems with how this message is displayed, click here to view it in a web browser.

Hi Chen Randall,

True Freedom has added you as a Signer to a document.

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Thank you for choosing American Senior Services, Inc.
Your American Senior Services, Inc. Team
1-888-245-9001
www.truefreedomhomecare.com



NATIONWIDE HOME CARE PLANS

OneSpan Sign x +

apps.esignlive.com/packages/bPqHkfzhg0_qp4XSbUKCeJ7fCf0=/documents/cabbaa6ccc2dce78ecd46a3f5e83d... ☆

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true freedom
NATIONWIDE HOME CARE PLANS

Opt Out Download Download All Files Decline Confirm Language

Please review and sign this Document by scrolling and clicking on the "Click to Sign" or "Click to Initial" boxes.

The logo for 'true freedom' features the word 'true' in a black serif font with vertical bars separating the letters, and 'freedom' in a white serif font inside a blue rectangular box. A trademark symbol (TM) is at the end.

NATIONWIDE HOME CARE PLANS

A photograph of a smiling family: a young woman, an older man, an older woman, and a young man, all looking happy and engaged.

2



NATIONWIDE HOME CARE PLANS

ENROLLMENT FORM

Field Issued Contract / Home Care Services

1 (888) 245-9001

I understand American Senior Services Home Care Plans are NOT insurance

MEMBER Chen Randall M F X D.O.B. 01/01/1948 AGE 72
First M Last

ADDRESS 123 Home Ave CITY Largo

STATE FL ZIP 33777 COUNTY Pinellas TELEPHONE 727-545-5511

EMAIL: member@truefreedomhomecare.com DATE OF SALE REP ID FL001

I DO NOT currently need or receive any assistance (including from family members) with activities such as bathing, dressing and transferring or living independently at this time. (If you are, do not submit enrollment.)

MEMBERSHIP PLANS (Select One)

☒ PLATINUM 10,000 Lifetime Membership Hours ☐ GOLD 6,000 Lifetime Membership Hours
☐ SILVER 3,000 Lifetime Membership Hours ☐ BRONZE 1,500 Lifetime Membership Hours

INITIAL ENROLLMENT PAYMENT OPTIONS (Select One):

☒ Monthly ☐ Annual

Initial Payment Amount: \$ 475.00 Enrolling Today with a Spouse/Partner: ☐ YES ☒ No

Payment Information: (If a field is not applicable please enter N/A)

Bank Name: Wells Fargo Account Type: Checking ☒ Savings ☐ Credit Card ☐

ABA Routing #: 123456789 Bank or Credit Card Account #: 1234567891011

Credit Card Expiration Date: N/A Credit Card CVV Code: N/A

Account Holder Name JAMES LIU Billing Address: PO BOX 123

Billing City: NEW YORK CITY Billing State: NY Billing Zip: 12123

RENEWAL SELECTION (Select One): ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

Customer Survey Report

I have provided an email to receive a signed copy of the Field Issued Contract
I have provided an email to receive a receipt
I am aware of the annual cost for the membership plan I have chosen
I am aware that the True Freedom Homecare Plans are NOT insurance
I am aware this provides non-medical homecare services
I have completed this report myself

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

☒ Click to Sign

Member's Signature

E-SIGNED by Dennis Rinner
on 2020-08-12 15:48:54 CMT
Representative's Signature

Signing Date

Date

August 12, 2020

Date





**Your client needs to answer all 6 Survey Questions
before click to sign the page**

RENEWAL SELECTION (Select One): ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

Customer Survey Report

- I have provided an email to receive a signed copy of the Field Issued Contract
- I have provided an email to receive a receipt
- I am aware of the annual cost for the membership plan I have chosen
- I am aware that the True Freedom Homecare Plans are NOT insurance
- I am aware this provides non-medical homecare services
- I have completed this report myself

Yes	No
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.

X Click to Sign

Member's Signature

E-SIGNED by Dennis Rinner
on 2020-08-12 18:45:54 GMT

Representative's Signature

Signing Date

Date

August 12, 2020

Date

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NATIONWIDE HOME CARE PLANS

Click to sign the application. The Signing Date will be automatically filled in after the completion of enrollment form.

RENEWAL SELECTION (Select One): ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

Customer Survey Report

I have provided an email to receive a signed copy of the Field Issued Contract

I have provided an email to receive a receipt

I am aware of the annual cost for the membership plan I have chosen

I am aware that the True Freedom Homecare Plans are NOT insurance

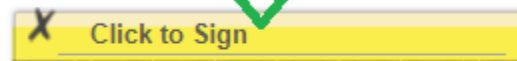
I am aware this provides non-medical homecare services

I have completed this report myself

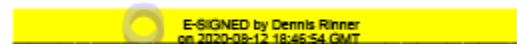
Yes **No**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.



Member's Signature



Representative's Signature

Signing Date

Date

August 12, 2020

Date



NATIONWIDE HOME CARE PLANS

Account Holder Name JAMES LIU Billing Address: PO BOX 123

Billing City: NEW YORK CITY Billing State: NY Billing Zip: 12123

RENEWAL SELECTION (Select One): ☒ Monthly Bank Draft ☐ Monthly Credit Card ☐ Invoice

Customer Survey Report

I have provided an email to receive a signed copy of the Field Issued Contract

I have provided an email to receive a receipt

I am aware of the annual cost for the membership plan I have chosen

I am aware that the True Freedom Homecare Plans are NOT insurance

I am aware this provides non-medical homecare services

I have completed this report myself

Yes No

YES

YES

YES

YES

YES

YES

All of the benefits and membership terms & conditions in this field issued Contract that I selected were explained to me in full and a signed copy left with me. All of the above questions were answered by me of my own free will.



Accepted

Member's Signature



E-SIGNED by Dennis Rinner
on 2020-08-12 18:45:54 GMT

Representative's Signature

Signing Date

Date

August 12, 2020

Date



Scroll down to the next page, Terms and Conditions

Terms and Conditions

The following Terms and Conditions (the "**Terms and Conditions**") are hereby incorporated as an integral part of the True Freedom Enrollment and Service Contract (collectively, the "**Agreement**"), between American Senior Services, Inc. a Florida Corporation ("**ASSI**"), and the member named in and who signed the Agreement ("**you**").

THIS AGREEMENT IS NOT INSURANCE, BUT RATHER CONSTITUTES A SERVICE CONTRACT. THIS IS NOT A REPLACEMENT OF ANY INSURANCE POLICY. IT IS NOT INTENDED TO BE UTILIZED AT THE TIME OF ENROLLMENT. (REVIEW SUITABILITY TO VALIDATE YOUR PURCHASE BELOW)

A member must be able to live independently at the time of enrollment and cannot currently be in need of or receiving any assistance (including from family members) with activities such as bathing, dressing and transferring at the time of enrollment. If the intent upon enrollment is to go on service for a current condition following the initial 90-day Waiting Period, that would not be a suitable membership.

ASSI's membership program arranges for non-medical services to be provided in the comfort of your own home, either:

ANYTIME Home Care Services can be utilized any day / evening / night, including weekends and overnight service (or 24 hours / 7 days a week live-in service), up to the total number of hours specified under the plan that you purchase. At the time that you designate a friend or neighbor for the ANYTIME Home Care Service, you will sign a release of ASSI from any liability for injuries or damages caused by your friend or neighbor. The selected friend or neighbor must also be approved by American Senior Services, Inc. Pre-authorized requests of 8 hours or more will be considered as 24-hour live-in services for that day. Payment will not exceed \$150 for a live-in friend or neighbor in any given 24-hour period.

AGENCY Home Care Service Up to five (5) hours a day, Monday through Friday between 9:00a.m. and 5:00p.m. by a network agency excluding National Holidays. Payments to network agency cannot exceed \$150.00 a day. ASSI may change AGENCY service providers at any time.

In order to receive the AGENCY Home Care Service hours or the ANYTIME Home Care Service hours, your membership must be in effect for ninety (90) days (the "Waiting Period"), during which you cannot use any of the hours. Once the Waiting Period has elapsed, AGENCY Home Care Service hours and ANYTIME Home Care Service hours can be mixed and matched, up to the total number of hours specified under the plan that you purchase: provided however, that both AGENCY Home Care Service hours and ANYTIME Home Care Service hours cannot be utilized in any single 24 hour period.

Notwithstanding the preceding paragraph, at any time after your membership has been active for ten (10) days, if a temporary situation arises during the remainder of the Waiting Period, then you may request EMERGENCY CARE BENEFITS during the Waiting Period, which may be AGENCY Home Care Services or ANYTIME Home Care Services, with the maximum service hours available being ten percent (10%) of the initial total number of hours specified under your plan.

The Lifetime Membership Hours of each plan are equally divided into ten (10) separate bundles. Once the service hours in the initial bundle have been exhausted, following a 90-day Rejuvenation Period (of non-use), the 2nd bundle of plan hours of a membership can be accessed. A total of nine (9) Rejuvenation Period occur separating each bundle of hours that add up to the total Lifetime Membership Hours of a contract. All plans cover a period of twelve (12) months (each a "Term"). Unused hours from a preceding term will roll over and must be utilized before service hours in a new bundle can be accessed following a 90-day Rejuvenation Period. The Home Care Hours of any plan can rejuvenate for up to the "Maximum Lifetime Membership Hours" which is a total of 10 times the initial bundle of hours of your chosen plan. Multiple bundles of hours can be utilized within a twelve (12) month term within the parameters of the contract.

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NATIONWIDE HOME CARE PLANS

Click to sign the application. The Signing Date will be automatically filled in after the completion of enrollment form.

MAIL LETTER TO: American Senior Services, Inc., 8250 Bryan Dairy Road Suite 350, Largo, FL 33777

MISCELLANEOUS

These Terms and Conditions may be amended from time to time by ASSI upon thirty (30) days prior written notice to you, sent to your home address as shown on the Enrollment Form. In the event of such unilateral amendment by ASSI, you have the right to terminate the Agreement by giving written notice of such termination to ASSI as specified above within ten (10) days after your receipt of the notice from ASSI of the amendment to these Terms and Conditions. If ASSI determines that misstatement, fraud or misappropriation of service was intended or utilized, ASSI reserves the right to terminate or revoke a membership contract.

This Agreement is made in and shall be governed by and construed under the laws of the State of Florida.

The failure of either of us to exercise any of our rights or to enforce any of the provisions of the Agreement on any occasions shall not be a waiver of such right or provision, nor affect the right of such party thereafter to enforce each and every provision of the Agreement. If any provision of the Agreement is held to be invalid, illegal, or unenforceable under any applicable statute or rule of law, then that provision shall be reformed to the maximum extent permitted to preserve the parties' original intent as agreed by the parties; failing which, such provision shall be severed from the Agreement, with the balance of the Agreement continuing in full force and effect. This Field Issued Agreement is retained by you at the time of purchase, with a signed copy being delivered to ASSI, as well.

I have read and understand the Terms and Conditions in full.

☒ Click to Sign

Member's Signature

Signing Date

Date

REPRESENTATIVE SURVEY REPORT

Have you reviewed the Suitability Standard for enrollment with your client?

☒ YES or ☐ NO

 E-SIGNED by Dennis Rimmer on 2020-08-12 18:40:51 GMT

Representative's Signature

August 12, 2020

Date

11_15_2019

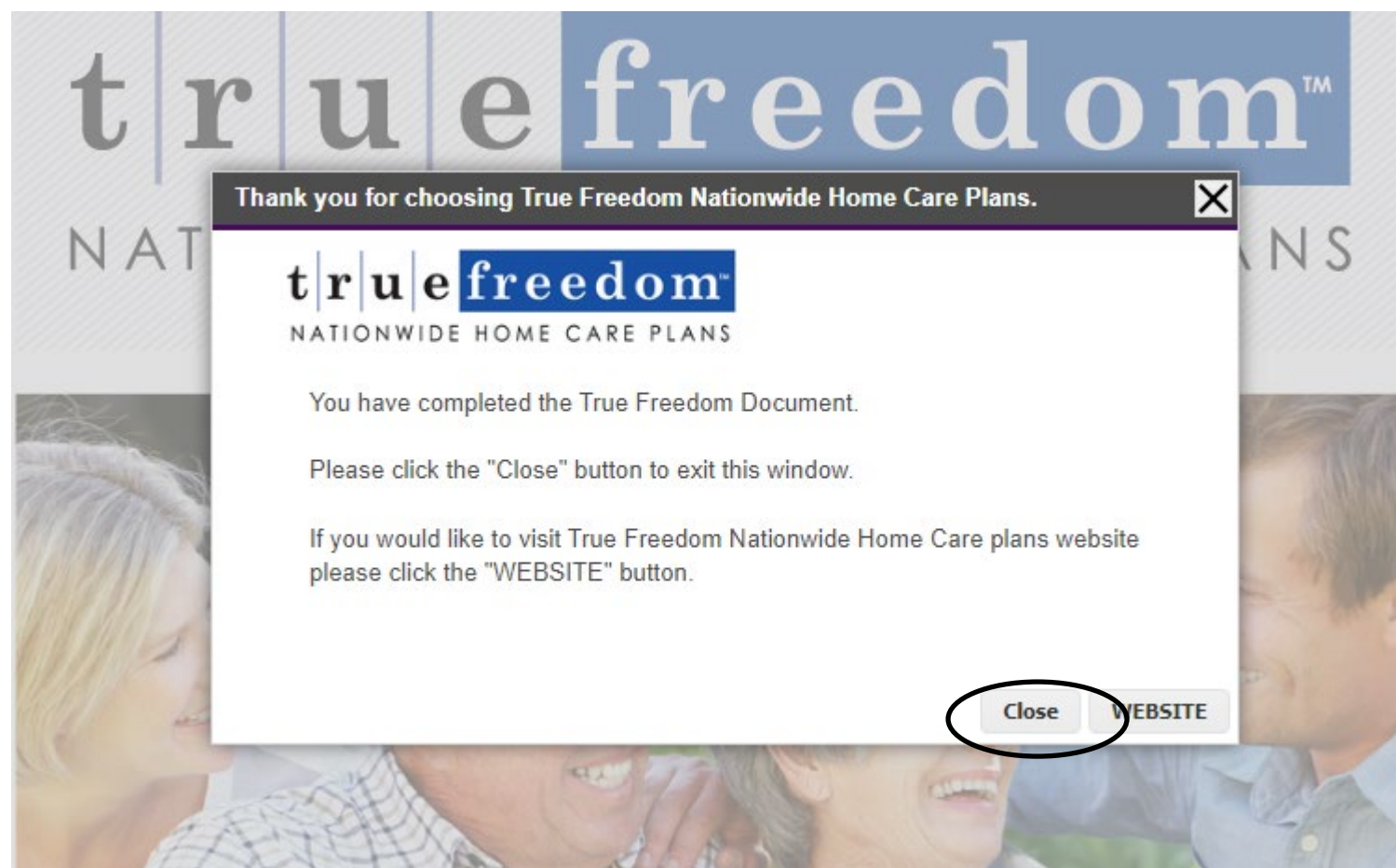
www.truefreedomhomecare.com



www.truefreedomhomecare.com



NATIONWIDE HOME CARE PLANS





The online enrollment is complete.



True Freedom, the Agent and the Member will receive a digital copy of the online enrollment by email from eSginLive.

The electronic copy is your client's "Field Issued Contract".

There is NO policy to deliver!



True Freedom will process the eApp and email the Agent to notify.

Your client will receive a Welcome Letter that contains a paper ID card with their membership information in about 3 weeks.

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NATIONWIDE HOME CARE PLANS

Welcome Letter – Membership Card

True Freedom Home Care Plan NEW MEMBER: John Doe	t r u e freedom	
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John Doe
1234 Sesame Street
Snohomish, WA 98290

October 1, 2019

Dear John,

On behalf of American Senior Services and the True Freedom team, I would like to welcome you!

By becoming a member of our True Freedom program you now have a plan that provides a variety of home care services that are available to you in the privacy of your own home. American Senior Services has been a part of the lives and care of many seniors over the years and we take great pride in being there for our members in their time of need.

Attached you will find your Membership Services Card with our toll-free number. Please place this card in a safe place and refer to it when services are desired.

If you have any questions, please do not hesitate to call us at 1-888-245-9001. Our team of care coordinators is standing by to offer the very best in service and support for your needs.

Membership #: **3993**
True Freedom Plan: "Silver"

Sincerely,

Laurie Plumlee
Care Coordinator

**t|r|u|e
freedom**
1-888-245-9001

MEMBER
John Doe
MEMBERSHIP NUMBER
3993
OPTIONAL PLAN
Silver 6314



NATIONWIDE HOME CARE PLANS

<http://nationwide.truefreedomhomecare.com>

A photograph of two hands, one older and one younger, clasped together. The older hand is on the left, and the younger hand is on the right. The image is used as a background for the True Freedom logo and contact information.

www.truefreedomhomecare.com

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freedom™
NATIONWIDE HOME CARE PLANS

Dun & Bradstreet
CREDIT RATING
D&B

ACCREDITED
BUSINESS
BBB Rating: A+

8250 Bryan Dairy Road Suite 350 | Largo, Florida 33777 | Home Office
1-888-245-9001 Toll-Free | contact@truefreedomhomecare.com | (727) 545-5550 Fax
www.truefreedomhomecare.com

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For Any Questions/Requests

Please Contact:

GoldenCare Team

Toll-Free 1-800-842-7799