



Team National

8210 W. State Rd. 84

Davie, FL 33324

Phone: 954-584-2151; Fax: 954-584-5996

PREMIUM MEMBERSHIP EMPLOYEE COVERAGE FORM

Please Print Clearly

Company Name			Federal ID #		
Company Contact: First Name			Middle Initial	Last Name	
Mailing Address			City	State	
E-mail Address			Fax Phone		

Please enroll our employees as member of Team National for \$95.00 per month.

My original purchase of a Premium membership entitles five of my key employees to participate in the membership savings that are available to Team National members. With this form, the company named above and its covered employees have the ability to purchase products and services offered through Team National at substantial savings. There is a fee of \$95 a month per 500 employees you wish to cover.

By signing below, I understand that I may cancel this purchase anytime during the next three business days by writing Team National and giving them notice of my desire to cancel. I understand that after the three business days, this purchase is non-refundable. Team National phone number is (954) 584-2151.

Team National assumes no liability for timely receipt of applications from any carrier.

Authorized Signature: _____ **Date:** _____

METHOD OF PAYMENT

CREDIT CARD (Please fill in required information below)

I hereby authorize Team National (or its agent) to charge my credit card account listed below, \$95.00 this month and \$95.00 each month thereafter for each 500 employees. This authorization is to remain in effect until Team National receives written notice revoking this authorization from me, at which time the Benefits for my additional employees will terminate. Our employee total is _____, please charge or bill us for \$_____ per month.

___VISA ___MASTER CARD ___DISCOVER ___AMERICAN EXPRESS

CC#: _____ Exp. Date: _____

Name as it appears on Credit Card:

Signature:

We would rather be billed. Please, invoice our company monthly by:

- @mail _____
- Invoice by US Mail

Host Name: _____ Host ID# _____

We do not require names, but what is your current number of employees? _____

Note: You will receive the above number of ID cards to access the benefits.



Premium Membership Employee Coverage

Tier	Number of Employees Covered	Monthly Cost
1	6 to 500	\$95.00
2	501 to 1000	\$190.00
3	1001 to 1500	\$285.00
4	1501 to 2000	\$380.00
5	2001 to 2500	\$475.00
6	2501 to 3000	\$570.00
7	3001 to 3500	\$665.00
8	3501 to 4000	\$760.00
9	4001 to 4500	\$855.00
10	4501 to 5000	\$950.00
11	5001 to 5500	\$1,045.00
12	5501 to 6000	\$1,140.00
13	6001 to 6500	\$1,235.00
14	6501 to 7000	\$1,330.00
15	7001 to 7500	\$1,425.00
16	7501 to 8000	\$1,520.00
17	8001 to 8500	\$1,615.00
18	8501 to 9000	\$1,710.00
19	9001 to 9500	\$1,805.00
20	9501 to 10,000	\$1,900.00

Note: To Determine the cost per employee find the monthly cost for your employee range and divide by the number of employees. For example if you have 500 employees it will cost you only .19 cents an employee.