

ENROLLMENT FORM
Field Issued Contract / Home Care Services



1 (888) 245-9001

I understand True Freedom Home Care Plans are NOT insurance

MEMBER _____ M/F _____ D.O.B. _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ TELEPHONE _____ EMAIL _____

Requested Effective Date: _____

This date will replace your signature date as the official start (Effective Date) of your membership.

MEMBERSHIP PLANS (Select One)

_____ PLATINUM - 10,000 Lifetime Membership Hours

Single Rate - Monthly: \$475.00 Annual: \$5,415.00
Partner Rate - Monthly: \$427.50 Annual: \$4,845.00

_____ SILVER - 3,000 Lifetime Membership Hours

Single Rate - Monthly: \$175.00 Annual: \$1,995.00
Partner Rate - Monthly: \$157.50 Annual: \$1,785.00

_____ GOLD - 6,000 Lifetime Membership Hours

Single Rate - Monthly: \$295.00 Annual: \$3,363.00
Partner Rate - Monthly: \$265.50 Annual: \$3,009.00

_____ BRONZE - 1,500 Lifetime Membership Hours

Single Rate - Monthly: \$95.00 Annual: \$1,083.00
Partner Rate - Monthly: \$85.50 Annual: \$969.00

PAYMENT TERM: _____ **RENEWAL TERM:** _____
Monthly or Annual Monthly or Annual

Payment Information:

Bank Name: _____ Account Type: Checking, Savings, or Credit Card _____

ABA Routing #: _____ Bank Account #: _____

Credit Card #: _____ Expiration Date: _____ CVV Code: _____

Account Holder Name: _____ Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Are You Enrolling Today with a Spouse/Partner: _____ **Spouse Name:** _____
(Spouse/Partner must complete a separate enrollment)

Suitability Survey

The statements below describe my current state of health:

I am fully able to live independently and perform all daily tasks (walking, dressing, bathing, toileting, meal preparation, grocery shopping, running errands, transportation) without assistance. I have not been diagnosed with or experiencing any progressive condition affecting my cognitive, physical or mental capabilities.

Yes or No

IF YOU ANSWER NO, DO NOT SUBMIT ENROLLMENT.

Enrollment Acknowledgment:

I confirm that my representative has fully explained the True Freedom membership and plan options. I understand that True Freedom is not insurance, and that my Effective Date begins on the date I sign this contract. The information I've provided is true and accurate to the best of my knowledge, and I have completed the Suitability Survey of my own free will. A signed copy of this agreement has been left with me.

Member's Signature

Date

Representative's Signature

Steve Shorr
Print Name

Rep ID
310.519.1335

Date

2025

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 FOR ANY INSURANCE POLICY. IT IS NOT INTENDED TO BE UTILIZED AT THE TIME OF ENROLLMENT. (REVIEW SUITABILITY TO VALIDATE YOUR PURCHASE BELOW.) Members need to choose the best plan within their budget at the time of enrollment. There are no upgrades. Members can choose to downgrade on the annual renewal month. A member must be able to live independently at the time of enrollment to perform daily activities like walking, dressing, bathing, toileting, meal preparation, grocery shopping, running errands, & transportation without any assistance. Members cannot be diagnosed with or experiencing any progressive condition affecting their cognitive, physical or mental capabilities. If the intent upon enrollment is to go on service for a current condition following the 90-day Waiting Period, that would not be a suitable membership. ASSI's membership program arranges for non-medical services provided in the comfort of your own home, either:

ANYTIME HOME CARE SERVICE CAN BE UTILIZED ANY DAYS/EVENINGS, INCLUDING WEEKENDS, FOR OVERNIGHT SERVICE OR FOR 24 HOURS/7 DAYS A WEEK LIVE-IN SERVICE, UP TO THE TOTAL NUMBER OF HOURS UNDER THE PLAN YOU PURCHASE. The home care service provider can be a friend, neighbor or independent contractor chosen by the member (and must be approved by ASSI.) The home care provider cannot be a family member, anyone related to the member or someone already living in the same household. At the time that you designate a friend or neighbor for ANYTIME home care service, you will sign a release of ASSI from any liability for injuries or damages caused by a selected caregiver. Pre-authorized requests of 8 hours or more will be considered as 24-hour live-in services for that day. **PAYMENT WILL NOT EXCEED \$150.00 A DAY FOR A LIVE-IN FRIEND OR NEIGHBOR IN ANY 24-HOUR PERIOD.**

AGENCY HOME CARE SERVICE CAN BE UTILIZED 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 AND WEEKENDS. PAYMENTS TO NETWORK AGENCIES 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 THE SAME DAY. AGENCY HOME CARE SERVICE WILL NOT BE AUTHORIZED BY ASSI TO TRANSPORT MEMBERS.**

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 10 percent (10%) of the initial segment of hours specified under your plan.

The Lifetime Membership Hours of each plan are equally divided into ten (10) separate segments. Once the service hours in the initial segment have been exhausted, following a 90-day Reset Period (of non-use), the 2nd segment of plan hours of a membership can be accessed. A total of nine (9) Reset Periods occur, separating each segment of hours that add up to the total Lifetime Membership Hours of a contract. All plans cover 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 segment can be accessed following a 90-day Reset Period. The Home Care Hours of any plan can reset for up to the "Maximum Lifetime Membership Hours," which is a total of 10 times the initial segment of hours of your chosen plan. Multiple segments 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 for continued access to any unused service hours of a chosen plan. **TO ACTIVATE SERVICES:** To receive services, call the ASSI toll free customer service number: **1-888-245-9001**

Membership must be paid by the due date to activate services. Please allow between 24 and 72 hours after your call for ASSI to coordinate services. Services could be delayed due to weather, location, availability, natural disasters, and pandemics. Requests should be essential and necessary. ASSI must pre-authorized all service requests. All unauthorized claims will be denied, and the member will be responsible for the payment of those services. All claims must comply with our Claims Policy, which is available upon request or at the time of service activation. The contract must be paid in full if the service is activated within the first 12 months. Non-use discount will discontinue when home care service is activated and will return to the current membership fee on the next payment due for the remainder of the membership. Service is not available outside of the United States, in assisted living facilities, nursing homes, rehab facilities, adult daycare, memory centers or during hospital confinement.

CANCELLATION: If a member fails to make a payment, ASSI will terminate the membership contract if not resolved within 30 days of the due date. In addition, all memberships include a one-time 10-day cancellation period. The cancellation notice must be submitted to ASSI in writing 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. The 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 (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. American Senior Services Inc. reserves the right to increase membership fees.

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 the applicable statute or the 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 I understand the Terms and Conditions in full.



Member's Signature



Date

2025