

Broker Agreement with MLR Marketing, LLC
Fax toll free 866-402-3483

6021 Morriss Road – Suite 113
Flower Mound, TX 75028

Company Name	or	Last Name	First Name	Birth Date	Sex	SSN/Tax ID
					M/F	

Street Address (No P.O. Boxes Please)	Apt. No.	City	State	Zip
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Day Phone	Evening Phone	Fax
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Sponsor Name / IMR#	E-Mail Address
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Checklist

1. Complete Broker Agreement Cover Sheet
2. Sign Agreement
3. Complete W-9
4. Complete ACH Direct Deposit payment for commissions
5. Include VOIDED check
6. Sign up as a member (voluntary)

PLEASE
email to hillaryh@bmcagency.com
or fax to 843.763.1602

Broker Terms and Conditions

1. I am of legal age in the state of my residency. I agree that I am an independent contractor, responsible for determining my own business activities and not an agent, employee or legal representative of the Company. I will not represent in any manner that I am an agent of the Company. I am responsible for the payment of all federal and state self-employment taxes and any other tax required under any federal, state or regulatory taxing agency.
2. This position does not constitute the sale of a franchise and no fee or purchase for participation as an Independent Representative has been required of me.
3. Permissible sales aids & Independent Representative purchases shall be automatically modified to comply with the exemption requirements set forth in any states' laws regulating business opportunities.
4. In order to maintain a viable Marketing Program and to comply with changes in federal, state or local laws in economic conditions, MLR Marketing, LLC may provide Policies and Procedures for Independent Representatives from time to time, as well as to modify its Independent Representative Compensation Program. Such Policies and Procedures and Compensation Plan modifications, and all changes thereto, shall become a binding part of this Agreement upon publication in the official MLR Marketing, LLC Affiliate Newsletter.
5. I understand that no attorney general or other regulatory authority ever reviews, endorses or approves any product, compensation program or company, and I will make no such claims to others.
6. This Agreement shall be deemed in effect upon its receipt and acceptance by MLR Marketing, LLC, at its Corporate Offices in Flower Mound, Texas.
7. I will not promote my Independent Representatives business nor use the Company name, or the trade names, logos, sales materials, trademarks or service marks of MLR Marketing, LLC, except in materials provided by the Company or approved in writing by MLR Marketing, LLC prior to their use by me. I understand that unauthorized use or duplication of trademarks or copyrighted materials is a violation of federal law.
8. I will not make false or misleading statements about MLR Marketing, LLC membership or Independent Representative position. Display of commission checks and the making of income projections to prospective Independent Representatives are prohibited.
9. Only one Independent Representative per household or business is allowed.
10. The laws of Texas govern this Agreement. The parties agree that any claim, dispute or other difference between them shall be exclusively resolved by binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association with arbitration to occur at Flower Mound, Texas. Louisiana Independent Representatives arbitrate at New Orleans, Louisiana.
11. To maintain accuracy and a consistent company image, it is required that all media inquiries, including radio, television and print publication be referred directly to the President of MLR Marketing, LLC.
12. Affiliate shall use his/her best efforts in soliciting and enrolling MLR Marketing, LLC members
13. **Commissions will be paid monthly on all production on or around the 20th of each month from previous months production at 20 % rate as long as the business and the broker is in good standing. Broker will be paid via ACH directly into their bank account of choice. No physical checks will be mailed. A completed W-9 must be received by MLR Marketing, LLC before any commissions will be paid.**

The signature below is acceptance of the Broker agreement, and I have read and accept all the terms & conditions.

X _____ Date _____
Independent Representative's Signature

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.socialsecurity.gov/online/ss-5.pdf. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses/ and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism. The authority to disclose information to combat terrorism expired on December 31, 2003. Legislation is pending that would reinstate this authority.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



Broker Direct Deposit

TWO EASY WAYS

FAX toll free 866-402-3483

MAIL 6021 Morriss Road Suite 113 Flower Mound, TX 75028

PLEASE COMPLETE DIRECT DEPOSIT information

Name: _____

Address: _____

Your Account Number _____

Bank Rounting Number _____ (9 digits)

Bank Name _____

OR

**SIMPLY ATTACH A VOIDED CHECK FOR THE ACCOUNT YOU
WISH FOR US TO DEPOSIT MONEY INTO**

YOUR BENEFITS



CONSULT A DOCTOR™

- Consult A Doctor is a national network of board certified physicians providing cross coverage consultations via telephone or email, free of charge, 24 hours a day.
- Physicians discuss symptoms, recommend treatment options, diagnose many common conditions, prescribe and phone in medications to your local pharmacy when appropriate.
- Members save time and money by avoiding unnecessary doctor's office or ER visits.

Consult A Doctor™ physicians do not prescribe controlled medications. Consult A Doctor™ is not insurance. Consult A Doctor™ does not replace your primary care physician.

VISION CARE

Prescription Eye Glasses

- Save 20% to 60% on eyewear at over 12,000 optical locations nationwide.
- Most frames, lenses and specialty items are available.

Ophthalmology Services

- Save 10% to 30% on medical eye exams and 40% to 50% off the overall national average for LASIK surgery.

Contact Lenses

- Save 10% to 40% on most brands of replacement soft and gas permeable contact lenses including disposables, torics and bifocals through the mail order service.

PRESCRIPTION DRUGS

Neighborhood Pharmacy

- Save 10% to 60% on most acute-care medications such as antibiotics and pain killers prescribed to treat short term illnesses or conditions.
- Accepted at independent, national and regional chain pharmacies nationwide.

Mail Order Pharmacy

- Guaranteed lowest prices on maintenance medications prescribed to treat on-going conditions.
- Save at least \$5 on the best retail price quote on brand and generic medications priced over \$10 or 10% below AARP pricing with no postage or dispensing fees.

PHYSICIAN VISIT/HOSPITAL

- Save 10% to 40% at over 285,000 participating physician offices, diagnostic and urgent care centers throughout the U.S.
- Save 10% to 40% at thousands of hospitals nationwide. Pre-certification or pre-authorization may be required.

DENTAL CARE

- Members save 15% to 50%* on everything from general dentistry and cleanings to root canals, crowns and orthodontia.
- Over 71,000** available dental practice locations nationwide.
- Save on specialty care such as orthodontics and periodontics where available.

**Actual costs and savings vary by provider and geographical area. **According to the Aetna Enterprise Provider Database as of October 1, 2008.*

LAB AND IMAGING

- 10% to 60%* off usual charges for MRI and CT procedures while utilizing credentialed radiology providers.
- Discounts off usual charges for blood tests and all other lab testing.

PATIENT ADVOCACY

- When you incur medical bills for a related medical incident and your out-of-pocket balance exceeds \$2,500, a Personal negotiator will mediate between you and the provider(s) to reach a solution for your outstanding medical bills. *Limitations and exclusions may apply.*

CHIROPRACTIC

- Save 50% on diagnostic services, and 30% on treatment and most other services and receive a free initial consultation.

VITAMINS AND DERMSTORE PRODUCTS

- Discounted vitamins and skin care products.

DIABETIC SUPPLIES

- Many different product packages to choose from based on testing requirements. Product packages are priced from \$29.99/month to \$169.99/month, which is 60% off the average competitors' retail prices.

MEDICAL TOURISM

- Personal Case Manager Assistance, Medical Records Processing, Pre-Operative Consultations, Financing, Visa/Passport Assistance and Comprehensive Travel Itinerary
- Personal Host Country Manager Assistance, Luxury Hotel & Resort Accommodations, ground transportation & baggage assistance, Recuperative Medical Assistance, Complimentary, pre-paid cell phone
- Case Manager Follow-up and Post-Operative Consultations

DISCLOSURES

This plan is NOT insurance.

This plan provides discounts at certain health care providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. **This discount card program contains a 30 day cancellation period.**

LA, MS, OK, SC and TX Residents: Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR Residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area.

Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309 800-800-7616

A list of providers in your area is available at www.locateproviders.com.

Available only in AL, MS, AR, LA, IA, OK, TX, NM, CO, NV, NC, SC, OH, MI, NE, IL, IN, GA & FL.

*Pharmacy discounts are Not Insurance, and are Not Intended as a Substitute for Insurance. The program administrator may obtain fees from pharmacies based on your prescription drug purchases. These fees may be retained by the program administrator or shared with you and/or your pharmacy. **The discount is only available at participating pharmacies.***

6021 Morriss Road # 113
Flower Mound, TX 75028



Phone 800-767-7579
FAX 866-402-3483

This discount card program contains a 30 day cancellation period

Name	Birth Date	Sex M / F	
Address	City	State	Zip
Day Phone	Evening Phone	Fax Phone	
Sponsor Name	E-Mail Address		

I would like to become a member and agree to the terms and conditions of membership.

- I agree to pay **\$29.99** per month until I cancel my membership. \$10 application fee will be included in 1st payment. *Vision and LASIK savings, Dental discounts, Consult A Doctor™, Retail & Mail Order Pharmacy discounts, Physician Visit/Hospital discounts, Patient Advocacy, Lab and Imaging discounts, Vitamins & Dermstore product discounts, Diabetic Supply discounts, Chiropractic discounts and Medical Tourism as listed at www.mc2helps.com*

Please List Additional Family Members To Be Included In Your Membership

Last Name	First Name	Birth Date	Sex	Relationship (Spouse/ Son / Daughter)

I want to automatically pay my bill to MLR Marketing, LLC by electronically debiting and transferring funds or drafting from my checking or credit card account specified below. I authorize my bank or credit card company to make payments to MLR Marketing, LLC and post or charge my specified account for the amount of the payment.

- Payment by Credit Card (circle one):** **Master Charge / Visa / Amex / Discover**

Credit Card Number ____ / ____ / ____ / ____ **Exp. Date** ____ / ____

- Payment by Automatic Draft**

9 Digit Routing # _____ **Bank Account #** _____

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I have read all the terms & conditions.

X _____ Date _____
Member's Signature