

OMEGA ASSURED RETURN PLAN PARTICIPATION AGREEMENT



Enrollment Number: OMG# _____

(To be completed by Omega Assured Return Plan)

PARTICIPANT: _____			
Current Legal Address _____			
City _____	County _____	State _____	Zip _____
Date of Birth ____/____/____	Sex: _____	Social Security# _____ - _____ - _____	
Home Phone # (____) _____	E-Mail Address _____		
SELLER: _____			ID# _____
Address _____			
City _____	County _____	State _____	Zip _____
Phone # (____) _____	E-Mail Address _____		

PLAN OF ASSISTANCE

In the event of death of a service member who is 100 miles or more from his/her Legal Residence*, or in a country other than the country of Legal Residence*, The Omega Assured Return Plan will provide the following services: Locate a funeral home, mortuary, or direct disposition facility near the place of death and provide the preparation of the deceased for transportation. Provide the transportation of the deceased from a morgue, hospital, or other similar facility to the funeral home or facility near the place of death. Work with the local authorities to obtain the permissions required to transport the deceased. Provide a transportation container that meets the minimum regulatory requirements. Arrange for the deceased to be transported to the jetport that is capable of receiving human remains and is most near the service member's Legal Residence. The Omega Assured Return Plan does not provide any search, rescue, or retrieval compensation for the deceased.

The Omega Assured Return Plan applies only to services provided by and arranged by Omega Assured Return Plan and its contractors. No reimbursements will be made for any services and no claims for reimbursement will be honored.

Enrollment in the Omega Assured Return Plan is not valid until payment is received by Omega Assured Return Plan and the service member's enrollment number is issued.

If the Omega Assured Return Plan is purchased while the service member is away from his/her Legal Residence, the program will not be effective until the service member has returned to his/her Legal Residence.

*Legal Residence means the place where the Service Member has resided for the last 180 days immediately preceding the date of death. If no such place of residence exists, Legal Residence shall mean the place where the Service Member has resided for a longer portion of the 360 days immediately preceding death than any other place of residence. Legal Residence will require verification through voter registration, driver's registration, and/or other means. A nursing home will be deemed a place of residence for the purpose of determining the location of Legal Residence.

Selection For Plan Payment			
<input type="checkbox"/> Make check payable to: Omega Assured Return			
<input type="checkbox"/> Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover
Account # _____	Expiration Date _____	CVC Code (On back of card) _____	
Participant/Cardholder Signature _____			Date _____
Seller Signature _____			Date _____

Race [*Specify American Indian, Black, White, etc.*] _____ Hispanic ____ Yes ____ No

Place of Birth _____
CITY STATE COUNTRY

Mother's Maiden Name _____ Birthplace _____

Father's Name _____ Birthplace _____

Occupation _____ Industry _____

Marital Status [*Specify Married, Never Married, Widowed, Divorced*] _____

Name of Spouse _____ Birthplace _____

Veteran Status [*Specify Branch of Service, Date Entered and Date Discharged*] _____

Education Level [*Specify only Highest Grade Completed*] _____

Final Disposition: *Burial* _____ *Cremation* _____

Designated Cemetery _____ Phone _____

Address _____
CITY STATE ZIP

Designated Funeral Home _____ Phone _____

Address _____
CITY STATE ZIP

Return Top Two Copies and Payment To:

Omega Assured Return Plan • 36181 East Lake Rd. #120 • Palm Harbor, FL 34685-9906

Third Copy to Seller

Fourth Copy to Participant