

MEMBER SCRIPT (Short Version)

Hello, is {FIRSTNAME} there? _____ Hi {FIRSTNAME}, this is {YOURNAME} from Ameriplan. You visited our website regarding our Dental, Vision, Prescription, and Chiropractic Plan. My call today is just to go over the highlights of our plan with you. Do you currently have coverage?

Will this be just for yourself, or do you have others living in your home with you?

{--HOUSEHOLD--}

We will be able to cover everyone living under your roof, even if you are not related (up to 20 household members) for only \$19.95 per month. This gives you all 4 benefits. There are no exclusions for any problems you currently have, all specialists are included, and you can start using your Dental Plan right away. You will be able to save up to 80% on your dental needs, up to 60% on vision, and up to 50% on Prescriptions and Chiropractic. There is no cap or limits with our plan. We do cover all services available through your provider except braces already in progress, invisalign braces, and laser whitening. Our vision plan can even save you money with lasik surgery correction.

Being a member of Ameriplan means you're covered nationwide. If you move you will be able to take your coverage with you. The terms are very client friendly, and the monthly rate is guaranteed for 2 years. You will receive your new membership cards within 7-10 days. With our plan you have a 30-day risk free guarantee.

All I need is the address where you want your cards mailed: _____.
(TAKE THE REST OF THEIR APPLICATION ... AND END WITH) Would you like to pay for that with Visa, Mastercard, Discover, or American Express? _____

(If no credit card: You can use your checking or savings account. All I need is the 9 digit routing number _____ and the exact account # _____).