



## Program Continuation Form

You and your eligible dependents may continue to participate in Genomic Life’s Cancer Guardian program at the same payroll deduction rate. If you would like to continue your participation in the program on a direct-bill basis, please complete the enclosed portability form and return to Genomic Life™.

**IMPORTANT NOTE:** This form must be completed and returned to Genomic Life within 60 days of your last date of employment if you elect to continue your participation in the program. You should keep your Employee Certificate that was issued under your previous employer’s program. You will not receive a new Employee Certificate unless you request one from Genomic Life.

Company Name:		Effective Date:	
Porting	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee + Spouse/Domestic Partner	
Program For:	<input type="checkbox"/> Dependent child turning age 26 (convert to individual membership)		
Participant Name:			
SSN:		Phone:	
Email Address:		Sex Assigned at Birth:	
Address:			

Spouse First Name:		Spouse Last Name:	
Spouse DOB:		Spouse SSN:	
Email Address:		Sex Assigned at Birth:	

### Payment Options

Monthly                       Annual

### Credit Card Payment:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover			
Cardholder Name:			
Card Number:			
Exp Date:		CW:	

### Recurring Payment Authorization

I, the above-named Participant, authorize regularly scheduled charges to my Visa, MasterCard or American Express card by Genomic Life for the program charges associated with my enrollment in the Cancer Guardian™ Program. I understand that I will be charged the amount indicated above automatically each billing period. I agree that no prior notification will be provided unless the payment date or amount changes, in which case Genomic Life will provide notice at least 10 days prior to the payment being collected.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Genomic Life in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my financial institution, so long as the transactions correspond to the terms indicated in this payment authorization form. I understand I have the right to cancel this plan within 30 days after the effective date for a full refund of program charges paid during the first 30 days.

## Terms & Conditions

Genomic Life collects information about you for two reasons: first, to process your order and second, to provide you with the best possible service. We may contact you regarding your enrollment in Cancer Guardian and may send information regarding other programs offered by Genomic Life. You will be able to opt out of marketing communications from Genomic Life.

We strive to keep the information we hold accurate and up to date. You can check the accuracy of such information by emailing us a request. If you find any inaccuracy(ies), we will delete or correct them promptly.

The personal information which we hold will be held securely in accordance with our internal security policy and the law. We may use technology to track the patterns of behavior of visitors to our site. This can include using a "cookie" which would be stored on your browser. You can usually modify your browser to prevent this happening.

I understand and agree to the above Payment Authorization and Terms & Conditions for my enrollment into the Cancer Guardian program.

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Name	Signature	Date
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### Send completed forms to Genomic Life (Attention: Client Services):

Email: Enrollment@GenomicLife.com

Mail: 3344 N. Torrey Pines Court, Suite 100, La Jolla, CA 92037

Phone: 844-MyGenome (844-694-3666)

Fax: 619-717-6176

### American Cancer Society Partnership



Cancer Guardian makes a significant annual contribution to the American Cancer Society on behalf of our Cancer Guardian members.

The American Cancer Society does not endorse any product or service.

Legal Disclosure: Genomic Life™ is not an insurance company or a health care provider and does not provide medical treatment, and Cancer Guardian™ is not an insurance policy. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life™ takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit [www.genomiclife.com](http://www.genomiclife.com)