

## Program Continuation Form

You and your eligible dependents can continue this valuable program at the same payroll deduction rate. If you would like to continue your program on a direct-bill basis, please complete the enclosed portability form and return to Wamberg Genomic Advisors, Inc.

**IMPORTANT NOTE:** This form must be completed and returned to Wamberg Genomic Advisors, Inc. 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 Wamberg Genomic Advisors.

Company Name:	
Porting Program For:	Employee      Employee + Spouse/Domestic Partner Dependent child turning age 26 (convert to individual membership)
Participant Name:	
SSN:	Phone:
Address:	
Email Address:	

Spouse First Name:	Spouse Last Name:
Spouse DOB:	Spouse SSN:
Spouse Email Address:	

### 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:	CVV:

### Recurring Payment Authorization

I authorize regularly scheduled charges to my Visa, MasterCard or American Express card by Wamberg Genomic Advisors (WGA) 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 you will receive notice from us 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 the merchant 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 authorization form. You 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

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

The information we hold will be accurate and up to date. You can check the information that we hold about you by emailing us. 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 outlined above for my enrollment into the Cancer Guardian program.*

Name	Signature	Date

## 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.

## Send completed forms to Wamberg Genomic Advisors (Attention: Client Services):

Email: portability@cancerguardian.com  
Mail: 4330 La Jolla Village Dr. Suite 230 San Diego, CA 92122  
Phone: 833-CGUARDIAN (833-248-2734)  
Fax: 619-717-6176

### Privacy and Confidentiality:

For additional information on the Cancer Guardian / Wamberg Genomic Advisors privacy policy, please visit: [www.cancerguardian.com/privacy-policy](http://www.cancerguardian.com/privacy-policy).

We are committed to protecting your privacy. We will only use the information that we collect about you lawfully. Any information you provide, particularly your email address, will never be sold or given to another source for any reason. WGA takes employee privacy very seriously. No identifiable protected health information of employees is provided to employers without the consent of the employee. The Genetic Information Nondiscrimination Act of 2008 (GINA), the Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) are federal regulations that safeguard genetic results and prevents discrimination using genetic information for health insurance and employment status. Some state laws further protect against discrimination in the areas of life insurance, housing, and emergency medical services.

### Program Legal Disclosure:

This is not a qualified health plan under the Affordable Care Act (ACA). The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all healthcare services through their insurance provider. The Wamberg Genomic Advisors Cancer Guardian program only covers the cost of Advanced DNA Testing (Comprehensive Genomic Profiling), Second Opinion Pathology Review, On-Site Nurse Navigator and program benefits outlined in this document. Program participants may obtain provider-specific information by contacting WGA directly. The program does not cover the actual clinical costs or medication costs associated with the treatment plan that program participants and/or their dependents may undergo. Benefits paid by the Cancer Guardian program apply to cancers diagnosed after the date of the participant's program effective date. Any benefits requested for a cancer diagnosis outside of the Cancer Guardian program will be made available to the individual at the fee-based pricing outlined in WGA's contract. Contact Wamberg Genomic Advisors for per-incident pricing. Participants have the right to cancel this plan within 30 days after the effective date for a full refund of any program charges paid, during the first 30 days.

Wamberg Genomic Advisors is not an insurance company and Cancer Guardian Comprehensive Cancer Support Service is not an insurance policy. The Service does not provide payment or reimbursement of payment for treatment costs of any kind nor will it provide compensation for any financial losses suffered by members. Its sole obligation is to provide the services described in this document.