

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 Participant who is 100 miles or more away from his or her legal residence at the time of death, the Omega Assured Return Plan will render every assistance, including locating a local, licensed funeral home, mortuary or direct disposition facility, arranging for the transportation of the body from the site of death to the licensed funeral home, mortuary or direct disposition facility in order for such licensed funeral home or facility to prepare the body for transport, purchasing the minimally necessary casket or air tray for transportation, arranging for the transportation of the remains to the jetport capable of receiving human remains which is closest to the deceased's legal residence and procuring the consular services (for death overseas) and Death Certificates.

Return of remains services are provided by American Pre-Arrangement Services, Inc. when Participants are traveling 100 miles or more from their legal residence* or in another country which is not the country of residence. All services **MUST** be arranged by American Pre-Arrangement Services, Inc. **NO** claims for reimbursement will be accepted. Enrollment in the Omega Assured Return Plan is not valid until payment has been received by the Omega Assured Return Plan administrative center and an enrollment number has been issued to the purchaser.

* Legal residence is defined as the place of residence for 180 or more days in the twelve months preceding the date of death. Legal residence will require verification through voter registration, driver's registration, and/or other means. A nursing home will be deemed the residence if the stay there has exceeded 180 days.

If participation in the Omega Assured Return Plan occurs while the Participant is away from the legal address, the plan of assistance becomes effective upon the return of the Participant to the legal address for subsequent travel.

SELECTION FOR PLAN OF ASSISTANCE BURIAL CREMATION

Make check payable to: **Omega Assured Return**

Credit Card: VISA Master Card Discover

Account # _____ Expiration Date _____ CVC Code (On back of card) _____

Participant/Cardholder Signature _____ Date _____

Seller Signature _____ Date _____

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