



Dear Prospective Agent,

The **World Health Plan.org** website will introduce you to a program that could benefit you financially plus having the potential of saving lives.

We have designed an *Easy to Use* program that allows members to manage their own medical records including emergency and doctor contacts, hospitals, medications, allergies, prior surgeries, family medical history and more through the *Member Login Area*. In addition, each member will be able to *Print* an *Instant WHP.org ID Card* with their own PIN to access their Medical Profile. Their Medical Profile would be available for *read-only access* to medical staff in case of an emergency or doctors with the member's permission. This information can be *Accessed anywhere in the world 24/7* via the internet!

Should you be interested in representing WHP, please complete, sign and email or mail the Agent Agreement. Upon receipt of a signed copy we will assign an Agent Number to you for commission purposes. If you have any questions, please contact us at (408)866-8878 or email agent@worldhealthplan.org.

If you are able to help save just one life it will bring you joy for the rest of your life.

Cordially,
William C McNeill
President
www.worldhealthplan.org

See Agent Agreement below.



AGENT AGREEMENT

WORLD HEALTH PLAN.org, (WHP) and _____, herein referred to as “agent”. In consideration of the promises made herein named parties herein agree as follows:

1. WHP hereby appoints above said agent to disseminate information on behalf of WHP regarding data storage of Medical Records for the purpose of enrolling people in the WHP program.
2. Agent shall be solely responsible for his or her efforts to produce enrollments.
3. Agent above is authorized to collect, if applicable, payments made to WHP representing only the annual or beginning monthly payment.
4. Agent above is not an employee of WHP and is not authorized to obligate WHP except as set forth in this Agreement.
5. WHP agrees to remit payment to agent by the 5th of the following month upon receipt of any enrollment submitted by the 15th of the previous month, unless otherwise agreed.
6. WHP agrees to make payment to agent in the amount of 20% of premium collected funds. Premium funds are to be vested.
7. Payment will be made when there is an accumulated amount of \$50.00 due.
8. Should there be a cancellation resulting in a refund, a pro-rated payment will be made to the enrollee and a debit made from the agent’s account.

AGENT OR AGENCY

WORLD HEALTH PLAN.org

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____

Street _____

City _____

1484 Pollard Road, Suite 335

Los Gatos, Ca. 95032-1123

State _____ Zip Code _____

Phone: (408)866-8878

Phone _____

Fax: (408)866-8878

E-mail _____

Email: agent@worldhealthplan.org

Tax ID (if applicable) _____

Agent Number

Assigned: _____

This is a sample letter for your use to personalize with whatever is appropriate.

Dear Client:

As a valued client of ours we wanted to share with you and highly recommend a Program offered by World Health Plan.org that could "SAVE YOUR LIFE."

WHAT DO YOU HAVE IN YOUR WALLET OR PURSE right now that will tell a doctor your medical history, what you are allergic to, what blood type you are and what medication you need or cannot take if you are out of town and have a problem? Chances are your answer is NOTHING.

World Health Plan.org can now provide you and your family with an I.D. Card to carry with you at all times and this program has been designed to do much more.

World Health Plan.org will put your entire medical record or those records you choose onto the Internet with your personal PIN Number that only you have access to.

By having this PIN Number on your I.D. Card you can have the SECURITY of knowing that whether you are only 5 miles from home or anywhere in the World and have to go to a different hospital that your medical records can be accessible. Without this PIN Number the hospital or attending physician might not be able to access your medical records from another hospital or be able to contact your doctor and without any medical history you may not receive the expedient and proper health care treatment necessary.

Many people die or contract medical problems because of being treated incorrectly or misdiagnosed.

What price could you possibly put on the SECURITY of knowing you have the best protection of your HEALTH?

Please read the enclosed material which will answer all questions you might have.

For me, I believe this is a Revolutionary Program and I wholeheartedly endorse it.

IT IS YOUR CHOICE TO MANAGE YOUR HEALTH, NO ONE ELSE CAN DO IT AS WELL AS YOU!

Sincerely,

Your Name Here