



CDA Inc.

Czajkowski Dumpel & Associates, Inc.

3091 Holcomb Bridge Road, Ste. N-1 ~ Norcross ~ Georgia ~ 30071

(770) 449-7369 ~ Fax ~ (770) 449-1093

erica@cdainc.net

www.cdainc.net

BILL TO:
Name _____
Email _____

August 15, 2018

DESCRIPTION	UNIT	RATE	AMOUNT
<u>Benefits Consultation</u> *	1	\$500.00	\$500.00
<u>Application assistance as needed/Annual Servicing Agreement</u> **	1	\$0.00 (included in consulting fee)	\$0.00 (included in consulting fee)
<u>Total billed amount</u>			<u>\$500.00</u>

*Benefits Consultation consists of market research and analysis, evaluation of anticipated claims projections, and personalized guidance and explanation of recommended policy election.

**Annual Servicing Agreement consists of assistance with verifying effective coverage and initial payment status, assistance with additions/removals of policyholders, claims processing advocacy, and correction of billing errors if insurance carrier fault is determined.

Upon receipt of this signed agreement form, questionnaire, and invoiced amount we will begin working on your policy options for next year. Please make personal/cashier's check out to **Czajkowski Dumpel & Associates, Inc.**, or if electronic payment is preferred please contact our office for further instruction. Thank you very much.

Securities offered through **The Strategic Financial Alliance (SFA)**, Member NASD/SIPC

Branch office –202 Abbey Court ~ Alpharetta, GA ~ 30004 ~ 770/845-2076

Certain associates of Czajkowski, Dumpel & Associates are registered representatives of SFA, which is otherwise unaffiliated with The Strategic Financial Alliance.



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Disclosure Statement:

By way of this document, CDA, Inc. is disclosing to me that while many major health insurance carriers have restricted or eliminated compensation to agents, various accident and sickness policies, financial products and lifestyle products that I may purchase from CDA, Inc. pay compensation to my representative based on any one of the following methods; one-time per-product-fee, periodic percent-of-premium commission or a fixed-fee payable per-member-per-month. Therefore, there may be incidences when CDA, Inc. will receive fee(s) as listed below directly from me as well as other compensation for products and services I purchase through them and I consider this compensation to be fair and just for services provided to me. Furthermore, insurance carriers and providers hold the right to make alterations to their formularies, provider lists, provider/insurance carrier agreements, and product benefits as allowed by the Affordable Care Act throughout the plan year. There may be incidences of where information discussed during the consultation differs from what may be experienced while enrolled in my new plan. To gather the most recently updated formulary information, provider lists, and plan information, it is recommended that I refer to the insurance carrier’s online access for members before receiving any services or filling any prescriptions. Further, I acknowledge that consulting and document preparation services provided by CDA Inc. do not constitute legal advice and that I am encouraged to seek the advice of Counsel for all legal matters.


Agreement:

In return for fees paid by, or on behalf of, the undersigned, CDA, Inc. agrees to provide the respective services as noted in this document. The undersigned acknowledges and agrees to the Services Order, Disclosure Statement and terms of this Agreement. Further, the undersigned person(s) agrees to cooperate with their designated representative with respect to timeliness and completeness of all information required in the provision of services and understands that service fees are due and payable at the time of order.

Agreed to this _____ day of _____, 20_____.

Printed Name (must be over 18 years of age) Original signature

Printed Name (must be over 18 years of age) Original signature


Erica Dumpel, CLU, President
Czajkowski Dumpel & Associates, Inc.

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