



## Enrollment Form

Genomic Life™ is a comprehensive cancer support program that gives participants access to dedicated services, resources, and Advanced DNA Testing that can enhance prevention and survival. The benefits and services offered by Genomic Life are not typically made available or covered by medical insurance.

To enroll: Please fill out fields below, sign and return completed forms to Genomic Life.

First Name:	Last Name:
Date of Birth:	Employee SSN or EEID:
Email Address:	Employer Name:
Phone:	Sex Assigned at Birth:
Address:	

Yes, I want to add my spouse.

Spouse First Name:		Spouse Last Name:	
Spouse DOB:		Spouse SSN:	
Email Address:		Sex Assigned at Birth:	
<b>Monthly Program Charge – Per Individual</b>		<b>Program Charge Breakdown</b>	
Age Under 50 yrs	\$18.00	Member Program Charge	\$
Age 50-64 yrs	\$22.00		
Age 65+ yrs	\$26.00		
12-month enrollment requirement Spouse rate is same as employee rate		Spouse Program Charge	\$
		Total Program Charge	\$

Dependent children up to age 26 have access to program services under the primary participant's enrollment at no additional cost. Please note, the hereditary genetic screening test only applies to dependent children over 18 who qualify via the Family Follow-Up Testing Program.

**Program Effective Date:** \_\_\_\_\_

### Payroll Deduction Authorization

I hereby apply for coverage under the Genomic Life Program for which I am, or may become, eligible and authorize any required payroll deductions by my employer for administration of my participation in the program. I certify that the information provided herein is true, accurate and complete.

I hereby declare that the above answers and statements are complete and true, and I agree that any coverage issues in consequence with this application shall not take effect; unless on the date that my participation in the program is to be effective, I am currently actively employed as defined by my employer. I understand that my employer does not subsidize the Genomic Life Program, and that my employer will not at any time have access to my information or results. I further agree that my participation under the program shall not become effective until my application is approved by Cancer Guardian.

## 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 Genomic Life 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.

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Name

Signature

Date

### 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