

A "Live Check" Solicitation

For Budget® Customers

The \$10.00 check issued to
can be taken to any New
York financial institution when presented for
cash or deposit on or before August 25,
2009.

RE: Bimonthly \$10.00 gas rebates for New York residents.

On Budget's behalf, we would like to thank you for your past patronage and know you had a choice of car rental companies. Budget® is always seeking ways to save you time and money when traveling. In response to gas prices in New York, six bimonthly gas rebates of \$10.00 each are yours when you try the HealthSaver savings and refund program for valued Budget customers in this state. And as a New York resident —

you need only cash or deposit the attached check to activate the HealthSaver program with the first thirty days risk free — to be eligible for one of these six rebates every two months — whether or not you continue.

During the month-long, risk-free trial period, you will also be entitled to all other discounts and savings of HealthSaver, including but not limited to:

- (1) **10% cash back when you rent a car with Budget** — this special bonus is reserved for HealthSaver members. You can earn up to \$100 to use on anything you want — groceries, gas, clothing, and more. Just fill out the form you'll receive in your program materials to claim your cash back.
- (2) **discounts of an average 20% off the manufacturer's suggested retail price** or the participating pharmacy's best price, of prescription drugs not covered by insurance at participating pharmacies for you and all your household family members.
- (3) **automatic markdowns on many of the drugs your doctor prescribes** at over 50,000 participating local pharmacies. Plus save on your over-the-counter medicines and health aids from the direct-to-you discount network — like aspirin, ibuprofen, vitamins, and nutritional supplements.

Your satisfaction and your relationship are always important. When you cash or deposit the attached check, we will automatically bill the \$99.99 semi-annual fee to the card you have on file with Budget for a membership in HealthSaver unless you call 1-877-880-1865 to cancel during the thirty-day trial period and owe nothing. Your trial period begins when your membership materials arrive in four to five weeks. HealthSaver is not affiliated with Budget. At the end of each six-month period thereafter, your membership will be renewed at \$109.99 or the then-current fee, and automatically billed semi-annually thereafter to the same account unless you call to cancel. We will not have to ask for your account number or further consent in order to bill you.

You also have our money-back guarantee. If you choose to discontinue during the trial period, you will pay nothing and owe nothing. And you can discontinue at any time after that and receive a refund of the unused portion of the then-current semi-annual fee. There is no obligation to continue.

The attached \$10.00 check is your bonus just for trying these savings and discount privileges. Just sign and cash or deposit it promptly, before the expiration date it bears.

Your HealthSaver membership materials will include six \$10.00 gas rebate certificates. You can redeem one certificate every two months with receipts from any gas station. Allow 4 to 5 weeks for delivery. In New Jersey, gasoline must be purchased with a credit card to be eligible for money back.

WHO MAY USE — You agree that you will use HealthSaver only for your own behalf and for the members of your immediate family, which includes your spouse and all of your unmarried children through the age of 22 residing in your household or attending an educational institution. Your HealthSaver membership also covers all of your unmarried children of 23 years of age or over who are both (a) incapable of self-sustaining employment by reason of mental retardation or physical handicap and (b) chiefly dependent upon the member for support and maintenance. You will be responsible for all use of your membership number and must notify Trijeant immediately of any unauthorized use of your membership number, or the theft or misplacement of your membership card. **Pharmacy discount is available only at participating pharmacies.**

HealthSaver is not insurance.

Payment for services rendered by participating HealthSaver provider is the responsibility of the HealthSaver member at the time of service.

HealthSaver is not available to Colorado, Connecticut, Florida, Indiana, Kansas, Kentucky, Maryland, Mississippi, Missouri, Montana, Nebraska, Nevada, Ohio, Oklahoma, Oregon, South Carolina, Texas, Utah, Vermont, and West Virginia residents.

This plan is not insurance. This plan provides discounts with certain health care providers for medical services and does not make payments directly to the providers of medical services. Plan member is obligated to pay for all health care services, but will receive varying discounts from those health care providers who have contracted with the discount plan organization, HealthSaver, P.O. Box 41276, Nashville, TN 37204, www.HealthSaver.com; 1-877-880-1865. Trijeant Corporation is the Discount Medical Plan Organization.

HealthSaver is a service provided by Trijeant Corporation, which may modify or improve any part of the service at any time and without prior notice. HealthSaver is a registered service mark of Alltrion Publishing, LLC.

For questions or comments, please call 1-877-880-1865.

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KEEP FOR YOUR RECORDS

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ENROLLMENT FORM

By cashing this check I agree to a thirty-day trial offer in HealthSaver. I understand that the \$99.99 semi-annual membership fee will be automatically billed to the card I have on file with Budget unless I cancel my membership by calling 1-877-880-1865 before the end of the trial period. My membership will be automatically renewed and I will also be billed every six-month period thereafter at \$109.99 or the then-current fee unless I call to cancel for a refund of the unused portion of the current fee. I authorize Budget to securely transfer my payment information to HealthSaver for enrollment, billing and benefit processing and I authorize HealthSaver to bill the semi-annual membership fee after my thirty-day trial.

CHECK VOID IF ALTERED OR UNSIGNED.

X

Signature of payee (required for processing).

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND

Check # 6254615900 30-002
213

July 1, 2009

Payable at JPMorgan Chase Bank, N.A., Syracuse, NY

Pay to
Address
or Bearer:

New York NY 100

Amount: Ten dollars and 00/100

\$10.00

By cashing or depositing this check you are purchasing a membership in HealthCare®
Valid if amount over \$10.00

Cash or deposit by:

VALID THROUGH
08/25/09

AUTHORIZED SIGNATURE

⑆25460 2071369101101008 BUD

⑆6254615900⑆ ⑆021309379⑆ 601874704⑆

New York Resident

A 0284 78924 100 0278407 17709

NEW YORK PROCESSING CENTER
P.O. BOX 41278
NASHVILLE, TN 37204



**CHECK
ENCLOSED**

New York Resident

New York NY 100

