



Agent Name: _____

Agent Number: _____

APPLICANT INFORMATION

Email: _____

First Name: _____ MI _____

Last Name: _____

Gender: _____ Male or Female

Birth Date: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

MEMBERSHIP TYPE

Individual Individual/Spouse Individual / Child Family

PLAN SELECTION: (Varies by State PLATINUM, GOLD OR SILVER)

250 250MAX 1000 1000MAX
Platinum- Gold -Silver Platinum - Gold - Silver Platinum-Gold-Silver Platinum -Gold-Silver

There is one time non refundable application fee of \$99 at the time of enrollment.

DEPENDENT INFORMATION (if Applying)

First Name	Last Name	Spouse or Child	Gender	Date of Birth	Social Security #

REQUESTED EFFECTIVE DATE

1st 15th Month _____ (cannot be greater than 60 days of request)

PAYMENT TYPE: MasterCard Visa American Express Discover

Card Number: _____

Expiration Date: _____ CCV # _____

Billing Address: _____

City, State, Zip: _____

Bank Account Checking Savings

Name on Account: _____

Routing Number: _____

Account Number: _____

Billing Address: _____

City, State, Zip: _____

Applicant Signature: _____