



MEDONE® APPLICATION PREPARATION SHEET

To prepare for your online application, complete steps 1-5 with your agent.

- 1) Name of writing agent (Agent of Record): _____
- 2) Rate or quote number: _____
- 3) Agent's business telephone number: _____
- 4) Requested effective date*: _____
- 5) Product name, deductible/coinsurance amount, to include HIPAA eligible plan information: _____

* Coverage is not considered valid until approved by the insurer.

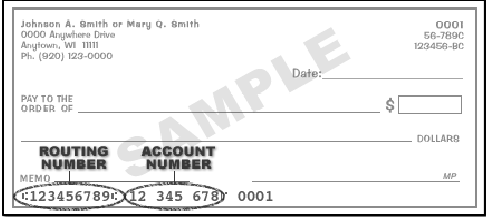
6) The information below must be completed for each person applying for coverage:

Name: _____ Social Security Number: _____ - _____ - _____
 Birthdate: _____ / _____ / _____ Height: _____ ft. _____ in. Weight: _____ lbs.
 Current/past perscription medications: _____ Dosage: _____
 _____ Dosage: _____
 _____ Dosage: _____
 (Full medical history disclosure is required in many states.)
 Medical history: _____ Diagnosis: _____
 Treatment dates of service: _____ Current status: _____
 Doctors name(s): _____ Date of last office visit(s): _____
 Address(es): _____ Phone number(s): _____
 Information on current and past insurance coverage: _____
 Policy number: _____ Effective date: _____
 Termination date: _____ / _____ / _____ Phone number(s): (_____) _____ (_____) _____

Payment Options:
 For your convenience, the following payment options are accepted:

- For the initial payment, we accept credit card only. Credit card #: _____
- The following months' costs may be paid only by check or ACH (bank withdrawal). Premium will be due the first of each month. Payment may be made to AMS each month by ACH or on a quarterly basis by personal check. There will be a \$15 assessment fee for direct bill.

Account #: _____ Routing #: _____



Helpful Hints:

- **Single** application calls will take an average of 20-30 minutes.
- **Family** application calls will take an average of 30-45 minutes.

To complete the application process call:
(866) 880-9911

