

# APPLICATION FORM

### A. General Questions

Proposed Insured's Name:

[Downloaded from <http://ajph.org/> on September 11, 2012]

Birth Date: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Divorced ☐ Others

Occupation: \_\_\_\_\_ Are you a retiree? ☐ Yes ☐ No

### B. Type of Health Coverage

Employee: ☐ Yes ☐ No  
Plan Choice:

Spouse: ☐ Yes ☐ No  
Plan Choice:

Children: ☐ Yes ☐ No  
Plan Choice:

Complete If Spouse/Children are Proposed for Insurance:

| Name | SSN/No. | Relationship to proposed insured | Birth Date | Age | Sex |
|------|---------|----------------------------------|------------|-----|-----|
|      |         |                                  |            |     |     |
|      |         |                                  |            |     |     |
|      |         |                                  |            |     |     |

### C.The Policy

| Units | Annual Premium |
|-------|----------------|
| 1     | \$100          |
| 2     | \$180          |
| 3     | \$250          |
| 4     | \$320          |
| 5     | \$380          |
| 6     | \$450          |
| 7     | \$520          |
| 8     | \$580          |
| 9     | \$650          |
| 10    | \$720          |
| 11    | \$780          |
| 12    | \$850          |
| 13    | \$920          |
| 14    | \$980          |
| 15    | \$1,050        |
| 16    | \$1,120        |
| 17    | \$1,180        |
| 18    | \$1,250        |
| 19    | \$1,320        |
| 20    | \$1,380        |
| 21    | \$1,450        |
| 22    | \$1,520        |
| 23    | \$1,580        |
| 24    | \$1,650        |
| 25    | \$1,720        |
| 26    | \$1,780        |
| 27    | \$1,850        |
| 28    | \$1,920        |
| 29    | \$1,980        |
| 30    | \$2,050        |
| 31    | \$2,120        |
| 32    | \$2,180        |
| 33    | \$2,250        |
| 34    | \$2,320        |
| 35    | \$2,380        |
| 36    | \$2,450        |
| 37    | \$2,520        |
| 38    | \$2,580        |
| 39    | \$2,650        |
| 40    | \$2,720        |
| 41    | \$2,780        |
| 42    | \$2,850        |
| 43    | \$2,920        |
| 44    | \$2,980        |
| 45    | \$3,050        |
| 46    | \$3,120        |
| 47    | \$3,180        |
| 48    | \$3,250        |
| 49    | \$3,320        |
| 50    | \$3,380        |
| 51    | \$3,450        |
| 52    | \$3,520        |
| 53    | \$3,580        |
| 54    | \$3,650        |
| 55    | \$3,720        |
| 56    | \$3,780        |
| 57    | \$3,850        |
| 58    | \$3,920        |
| 59    | \$3,980        |
| 60    | \$4,050        |
| 61    | \$4,120        |
| 62    | \$4,180        |
| 63    | \$4,250        |
| 64    | \$4,320        |
| 65    | \$4,380        |
| 66    | \$4,450        |
| 67    | \$4,520        |
| 68    | \$4,580        |
| 69    | \$4,650        |
| 70    | \$4,720        |
| 71    | \$4,780        |
| 72    | \$4,850        |
| 73    | \$4,920        |
| 74    | \$4,980        |
| 75    | \$5,050        |
| 76    | \$5,120        |
| 77    | \$5,180        |
| 78    | \$5,250        |
| 79    | \$5,320        |
| 80    | \$5,380        |
| 81    | \$5,450        |
| 82    | \$5,520        |
| 83    | \$5,580        |
| 84    | \$5,650        |
| 85    | \$5,720        |
| 86    | \$5,780        |
| 87    | \$5,850        |
| 88    | \$5,920        |
| 89    | \$5,980        |
| 90    | \$6,050        |
| 91    | \$6,120        |
| 92    | \$6,180        |
| 93    | \$6,250        |
| 94    | \$6,320        |
| 95    | \$6,380        |
| 96    | \$6,450        |
| 97    | \$6,520        |
| 98    | \$6,580        |
| 99    | \$6,650        |
| 100   | \$6,720        |

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Monthly PAT (complete PAT card)

Cash with Application: \$ \_\_\_\_\_

Planned modal premium: \$ \_\_\_\_\_

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Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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