FOR AGENT USE ONLY:
Requested Effective Date:
_____
☐ **New Enrollment**
☐ **Family Status Change**
☐ **Benefit Change**

AMERICAN PUBLIC LIFE

[2305 Lakeland Drive, Flowood, Mississippi 39232]
Toll Free (800) 256-8606

FOR HOME OFFICE USE ONLY:
Effective Date:
PRD #:
Group #:
Revised:

Group MEDlink® Enrollment Form

PROPOSED INSURED'S INFORMATION, IF ADDITIONAL LINES ARE NEEDED, LIST ON REVERSE SIDE

	Last Name First Name MI	Sex	Birthdate Mo/Day/Yr	Age	Social Security #
Applicant		☐M ☐F			
Spouse		☐M ☐F			
Child 1		☐M ☐F			
Child 2		☐M ☐F			
Child 3		☐M ☐F			
Child 4		☐M ☐F			

Resident Address: Number & Street City State Zip Primary Phone

Mailing Address: (if different) Number & Street City State Zip

Email Address:

Occupation: Date of Employment:

Group Name: Paschall Truck Line PRD 16265

Are all proposed insureds covered under the Employer's major medical plan? ☐ Yes ☐ No

BENEFICIARY INFORMATION

APPLICANT: Primary _____ Relationship _____
Contingent _____ Relationship _____

CITIZENSHIP INFORMATION

Is/Are the person(s) to be insured a citizen of the United States? ☐ Yes ☐ No (If No, give details.)

_____ _____
Full Name Country of Citizenship

_____ _____
Full Name Country of Citizenship

PRODUCT SELECTION

		Premium
[MEDlink® Series]	☐ Employee ☐ Employee and Spouse ☐ Employee & Child(ren) ☐ Employee & Family [In-Hospital Benefit Amount $_____ Outpatient Benefit Amount $ _____]	
	Total Premium	$

SPECIAL REQUESTS

Weekly cost under age 55: $9.44 EE only; $ 22.08 EE & SP; $18.24 EE & CH; $30.72 Family
Weekly cost over age 55: $17.27 EE only; $39.72 EE & SP; $32.82 EE & CH; $55.26 Family

SIGNATURE AND ACKNOWLEDGMENT

I have received and reviewed a copy of consumer brochure(s) # APSB _____.
I hereby enroll or change, as indicated above, this group insurance coverage for which I am eligible. I authorize my employer to deduct my contributions, if any, from my pay. I understand and agree that no coverage will take effect, until a Policy or Certificate is issued.

Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Licensed Agent Agent's Printed Name and Agent Number