

# Amfirst Insurance Company Maximum Care Plans Client Information Form



Administered by:  
**ADMINISTRATORS**  
A division of Morgan White Group

## Primary Enrollee

## Effective Date:

Last name	First	Initial	Social security number	Sex
Street address	City	State	Zip	Date of birth
Email address			Home phone	

## Plan Selection (choose one below)

Plan Maximum	Rate
<b>Amfirst Maximum Care Plans</b>	
\$2,500	\$85.00
\$3,000	\$100.00
\$3,500	\$115.00
\$4,000	\$130.00
\$4,500	\$145.00
\$5,000	\$160.00
\$5,500	\$175.00
\$6,000	\$190.00
\$6,500	\$205.00
\$7,000	\$220.00
\$7,500	\$235.00
\$8,000	\$250.00
\$8,500	\$265.00
\$9,000	\$280.00
\$9,500	\$295.00
\$10,000	\$310.00
<b>Amfirst Maximum Care Plus Plans</b>	
\$8,000	\$325.00
\$8,500	\$350.00
\$9,000	\$375.00
\$9,500	\$400.00
\$10,000	\$425.00
<b>Optional Vision Coverage</b>	
VSP Signature Choice (with dental)	\$9.69
VSP Exam Only	\$3.00

## Method of Payment

Please select your preferred method of payment from the choices below. All payments will be drafted from your checking account or charged to your credit card on the 5th of each month.

Monthly      Quarterly      Annually

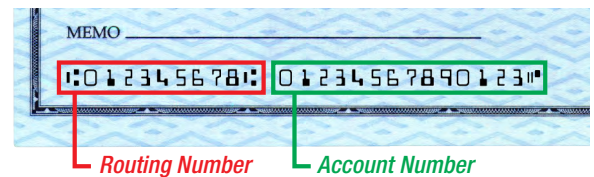
**Bank Draft:** This is my authorization for MWG Administrators to draft payments from my checking account for payment of applicable premiums, dues and/or fees associated with the plan option selected. Below is the routing number and checking account number for the account on which drafts are to be drawn.

Name of bank \_\_\_\_\_

Name as it appears on check \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_



## Credit Card:

Visa      MasterCard      Discover

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVC number (3 digit code; back of card) \_\_\_\_\_

\*All rates include \$6.00 billing fee & \$2.00 association dues

I understand and agree that (1) coverage shall not take effect unless the enrollment has been accepted and approved and (2) the agent does not have the authority to make or alter any contract or waive any of the company's other rights or requirements.

Association Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day      Month      Year

## For Agent Use Only

Agent name \_\_\_\_\_ Agent code \_\_\_\_\_