





iCare Plan - Page 3

Application form for iCare Plan, Page 3. Includes fields for Applicant Name, Social Security Number, Prescription Authorization, and Agent's Statement.

(RED) Applicant Name and Social Security Number

(TEAL) Disclosures & Signatures – City & state where the application was signed. Signature of insured. Signature of owner, if different than insured.

(LIGHT BLUE) Agent's Statement –

Answer 2 questions

- 1. Is the proposed insured a family member of the agent?
2. An additional replacement question.

Agent's signature, printed name, and agent number.

If commissions are being split, both agents must sign the application and provide split information.

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(RED) Applicant Name and Social Security Number

(DARK BLUE) Payor Name, Phone, and Address. Customer Name is Payor's Name. Enter banking information.

(PURPLE) EFT disclosures. Name is Insured and leave contract # blank if it's a new application. Have payor sign and date the form.

(PINK) Conditional Receipt: Payor Name, Date, Cash With App, Agent Signature and Agent Name.

Application form for iCare Plan, Page 4. Includes fields for Applicant Name, Social Security Number, Payor Information, EFT Authorization Agreement, Terms and Conditions, and Conditional Receipt.