

My Community Care Member Application



Last Name		First	Middle Initial	Gender	Social Security
Address				Employer	
City	State	Zip Code	Email address		
Date of Birth	Home Phone	Date of Hire	Marital Status	Effective Date	
Spouse Name		Date of Birth	Gender	Social Security	
Child's Name		Date of Birth	Gender	Social Security	

I hereby accept the membership plan as elected on my application. The plan I have elected is a Limited Primary Care plan, Accident and Sickness Coverage plan. I understand that I am NOT electing a major medical or comprehensive medical coverage. If at a later date I wish to participate in coverage I haven't elected, I understand that my coverage is subject to the terms and conditions of the Membership plan. I understand that the coverage selected will begin on the effective date as described in the brochure. I understand my family members' coverage will not be in effect prior to my coverage. **I UNDERSTAND THAT THIS IS NOT INSURANCE BUT A COMMUNITY CARE MEMBERSHIP PROGRAM. I CAN CANCEL AT ANY TIME BY PROVIDING A WRITTEN CANCELATION TO COMMUNITY CARE CUSTOMER CARE. ADDITIONALLY I AUTHORIZE MY EMPLOYER TO COLLECT ANY AND ALL PREMIUMS DUE FOR THIS MEMBERSHIP.**

Member Signature	Date	Plan Selected <input type="checkbox"/> Member <input type="checkbox"/> Member/Children <input type="checkbox"/> Member/Spouse <input type="checkbox"/> Family Mo. Cost \$_____
Member Printed	CC Rep Number / Name	

Complete only if your plan is not payroll deducted

Banking Information – **There is a \$25 monthly billing fee for all individuals not using automatic draft.**

***** If EFT, Attach Void Check *****

Bank name	Account #	Routing #	
Drivers License #	State	Expiration Date	Submit: 1. First Months Premium 2. Void Check Mail to: My Community Care Healthcare Centers 13 E. First St. London, OH 43140
Credit Card Number	Security Code	Expiration Date	
Signature of Cardholder	Date	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Checking	

X

Employer Signature

Date

X _____ / /

Completed by Agent:

Title

Agent Name	Agent Number
Tax I.D. Number	Agent Address