

Application for Legacy Assurance Membership Enrollment

(The information on this form must be input at the enrollment website with a copy of this form scanned and attached)

Primary Member Information (* Required Information)

Name * _____ Gender * _____ Date of Birth * _____

SSN (last 4 digits) * _____ Phone Number * _____ Email Address _____

Address 1 * _____ Address 2 (Apt/Unit #) _____

City* _____ State* _____ Zip Code * _____

Other Membership Preferences/Details

Plan and Product Notes: _____

Welcome Package Language * (circle one) English / Spanish Referrals * (up to 4) _____

Secondary Members to be covered in this household Membership (Must enter in Notes section online):

Name _____ Last 4 SSN _____ DOB _____ Relationship _____

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Other Notes: _____

Payor/Payment Account Information

Bank Name * _____ Bank City * _____ Bank State * _____

Name on Account *(this person must sign at the bottom of the application) _____

Account Type: * (circle one) Checking / Savings

Bank Routing Number * _____ Bank Account Number * _____

Initial Withdraw Date * (or as soon as possible afterward) _____ Future Withdraw Date * 1st 3rd 5th 10th 15th 20th 25th

The Legacy Assurance Membership is \$3 per month, and those payments will be set up as stated above. The Membership will go into effect once the initial payment is received, and a Member Kit with membership details will be mailed to the Membership Address listed in the Primary Member Information section after that payment is processed. I, the Payor of this Membership, hereby agree to these terms of payment by signing below.

Membership Payor's Signature _____ Date _____

Representative Name (please print legibly) _____ Rep # _____

Representative Signature _____ Date _____