



HEALTHCARE BENEFIT APPLICATION

– THIS IS NOT HEALTH INSURANCE –

PLEASE READ THE FOLLOWING ITEMS BEFORE FILLING OUT YOUR APPLICATION TO ENSURE ACCURACY:





- ✓ Please make sure that this Application is complete and accurate. The information you put in this form will be released to the designated health care providers when requested in a medical situation. All information provided to **GLOBAL UNITED HEALTH BENEFITS** is PRIVATE & CONFIDENTIAL.
- ✓ Please print all your entries.
- ✓ Please do not leave any questions blank, even if your answer is "NO" or "I don't know".

NAME			DATE OF BIRTH		
First Name	MI	Last Name	MM	DD	YYYY

EMAIL ADDRESSES	SINGLE	MARRIED	# OF FAMILY MEMBERS

PRIMARY HOME ADDRESS			
Apt/Suite No. & Street Name	City		
State	Zip Code	Telephone No. - HOME	Telephone No. - WORK

PRIMARY EMPLOYER/BENEFITS PROVIDER		
Name of Employer/Benefits Provider	Policy/Group No.	ID No.
Telephone No.	Address	

Payment: Cash Check Credit Card
 




Credit Card Type: _____ Credit Card No. _____
 Security Code: _____ Expiration Date: _____

- ✓ Payment Amount: **GLOBAL UNITED HEALTH BENEFITS** \$499.00 / year \$ _____
- ✓ Place the complete **GLOBAL UNITED HEALTH BENEFITS** Application and additional pages of information into the envelope provided and mail to:

GLOBAL UNITED HEALTH BENEFITS, 3530 Forest Lane, Dallas, Texas 75234

- ✓ If you are unsure about any of the questions OR need assistance in filling-out this form, please call **GLOBAL UNITED HEALTH BENEFITS** at ☎ (866) 953-4748, between 8:30a & 4:30p CST, Monday-Friday.

- ✓ For quicker service, you may fax your application to **1(214) 366-2006**.

- ✓ Your application will be processed within 24 hours of receipt.

SALES CODE

Signature

Date