AmeriPlanMED plus® Membership Application

ENROLLER #

Member Information

First Name | MI | Last Name

Date of Birth of Applicant | Male/Female | Residence or Work Telephone# | Cell Telephone#

Mailing Address | Apt.#

City | State | Zip

Household Members

First Name	Last Name	Date of Birth

LIST ADDITIONAL HOUSEHOLD MEMBERS ON A SEPARATE SHEET OF PAPER.

E-MAIL ADDRESS

By submitting your enclosed debit or credit card information you are authorizing an ongoing monthly draft. If you are not satisfied within 30 days of your activation date, you may cancel and receive a refund of the membership fee paid. The one-time registration fee is Non-refundable. Please allow 30 days processing time for refunds. Cancellations received after the 30 day deadline will not be eligible for a refund. Cancellation notifications may be sent by mail, fax or email to cancel@ameriplanusa.com

I WANT TO PAY MY MONTHLY MEMBERSHIP FEE BY:

CREDIT/DEBIT CARD: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card # | Expiration Date

X

SIGNATURE FOR CREDIT CARD OR DEBIT CARD

AmeriPlanMED plus®

Monthly Household Fee: $ 24.95

One-Time Registration Fee $ 20.00
NON-REFUNDABLE

TOTAL AMOUNT DUE $44.95

MONTHLY PAYMENTS MUST BE MADE BY ELECTRONIC DEBIT OR BY CREDIT CARD.

If your application is processed between the 4th through the 18th of this month, your first draft will be on the 18th of next month, and each month thereafter. If your application is processed between the 19th of this month through the 3rd of next month, your first draft will be on the 3rd of the following month, and each month thereafter.

AMED (01/15)