

Thank you for choosing...



Enrolling is Simple. Just Follow These 3 Easy Steps...

Step 1

COMPLETE THE APPLICATION IN BLUE OR BLACK INK. Be sure you follow the instructions on the application carefully. Please make sure to sign and date the application where applicable. We have tried to make the instructions easy to follow. If you have any questions, or you are not sure how to answer a question, simply contact your agent at: (630) 930-9364.

Step 2

SELECT THE TYPE OF BILLING YOU WANT – monthly (by using Easy Pay to deduct the monthly premium from a checking account).

If you do not want to use the convenience of Easy Pay, you can choose to have your bill be mailed to you each month, but you must use a credit card in section G for your initial payment. Subsequent bills will be sent to your house and will not be charged to your card.

Step 3

FAX THE COMPLETED APPLICATION TO:

Fax: (847) 847-220-9280

We will be in contact with you upon receipt of your completed application. Do Not Cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits from the insurance company.



FAX COVER LETTER

(Please ignore this form if you do not have access to a fax machine.)

**Please FAX this cover letter with the completed application to:

FAX#: (847) 220-9280

Please accept my completed application for submittal and contact me to confirm receipt of this application

Name _____

E-mail _____

Date _____

Time _____

- Please contact me at this phone number after you have reviewed my application for completeness and accuracy _____.
- Please contact me at this email after you have reviewed my application for completeness and accuracy _____.

PAYMENT OPTIONS (continued)**G. Credit Card Payment Option**

Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		Cardholder's Name (exactly as it appears on the card)	
Account Number □ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □		Card Expiration Date	Card Verification Code* □ □ □

Credit card payment is for your initial premium payment only and will be charged upon approval of your enrollment form. You will receive a bill on your next billing statement.

Any rate adjustment made in accordance with the underwriting process will be automatically charged to your account.

*The Verification Code can be found on the back of your credit card. This 3-digit code is usually the last three digits located in the signature panel.

H. Payment by Personal Check or Money Order

Please include a personal check or money order made payable to "Aetna" and attach to your completed enrollment form.

I. Insurance Producer Information (Please complete the information below in full)

- Are you aware of any information not disclosed on this enrollment form relating to the health, habits or reputation of any person listed on this enrollment form which might have a bearing on the risk? If "Yes," please attach explanation. Yes No
- Did you see the proposed applicant at the time this application was executed? Yes No
If you answered "No" to either question above, please explain:

Signature of Insurance Broker (Required if sold by an agent/broker)		Name of General Agent (print name)	
Date	E-mail Address	E-mail Address	
Name of Insurance Broker (print name)		General Agent TIN Number	
TIN of Broker or Agency		Address (Street, Suite #, POB, City, State, ZIP Code)	
Address (Street, Suite #, POB, City, State, ZIP Code)		Telephone Number ()	
Telephone Number ()	Fax Number ()	Fax Number ()	

J. Aetna Sales Representative (if applicable)

Last Name of Sales Representative (print name)	First Name of Sales Representative (print name)
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K. Authorization

I have read the information contain in this application and choose to enroll. I understand that my enrollment is subject to receipt of payment and verification of funds. Eligibility will begin on the first day of the month following receipt of the enrollment form. I understand that the Electronic Funds Transfer (EFT) for the monthly premium payment will be automatically deducted from my bank account.

I hereby certify that the information contained in this application is true and complete.

Applicant's Signature	Date
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