



Corporate Office – Omaha, NE
Administrative Services – PO Box 10386
Des Moines, IA 50306
www.GoMedico.com
Toll-Free 1-800-228-6080

Application for Dental, Vision and Hearing Insurance DVA48

Part A: General Information – Please Print

Name (First, MI, Last, Date of Birth, Age, Sex), Address (Street, City, State, ZIP), Social Security #, Phone #, Email Address

Part B: Applicant Information

- 1. (a) Do you have any dental, vision or hearing insurance currently in force?
(b) Is the insurance applied for intended to replace any existing insurance with this or any other company?
(c) If replacement is involved, have you received a replacement form (instates where required by law)?

Part C: Benefit – Check the Desired Options:

Policy Year Maximum: \$1,000 \$1,500

Part D: Payment Options

Make all checks payable to: Medico Insurance Company (do not make checks payable to the Producer or leave payee line blank).

Method of Payment: Automatic Bank Withdrawal, Direct Bill, Credit/Debit Card
Frequency of Payment: Monthly, Quarterly, Semi-Annually, Annually

Note: If you select the Automatic Bank Withdrawal or Credit/Debit Card method of payment and we receive no money with your application, your first premium will be withdrawn from your account on the Policy Date (effective date of coverage).

Amount Received with Application \$ Renewal Premium \$

Requested Effective Date of New Policy (optional):
(The issued policy will be effective on the day after the applicant signs the application unless a special effective date is requested.)

Part E: Application Agreement

I hereby apply to Medico Insurance Company for a Dental, Vision and Hearing Insurance Policy to be issued solely and entirely in reliance on my written answers to the above questions.

- Check one of the following regarding your eligibility for Medicare and "A Guide to Health Insurance for People With Medicare."
1. I have agreed to accept a link to the Medicare Buyers Guide on the Company website at GoMedico.com/products.
2. I have received a hard copy of the Medicare Buyers Guide.
3. I am not eligible for Medicare.

Policy Delivery Options: Upon approval of this application, the policy will be mailed to: Applicant Producer

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy.

The undersigned applicant and producer certify that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

I am applying for this Dental, Vision and Hearing Insurance.

X
Applicant's Signature Date (MM/DD/YYYY)

Producer's Printed Name Producer's License Number

Producer's Signature Date (MM/DD/YYYY)