



Thank you for your purchase of the Silver Plan.

Please fill out the following form and return to Upper Michigan Financial Services by mail or fax.

Mail:

Upper Michigan Financial Services  
2366 US 41 South  
Marquette, Michigan 49855

Fax:

(906) 249-6640

Sincerely,

*David A. Laurich F.I.C. & John P. Swanson*

Upper Michigan Financial Services  
2366 US 41 South  
Marquette, Michigan 49855



|  |   |                        |   |
|--|---|------------------------|---|
| Credit Union Name  |   | Group Plan No.<br>5900 |   |
| Planholder Street Address<br>c/o UMFS, 2366 US 41 South  | City<br>Marquette                                     | State<br>MI            | Zip<br>49855  |
| PLEASE CHECK REASON FOR COMPLETING: <input type="checkbox"/> INITIAL APPLICATION<br>CHANGE: <input type="checkbox"/> ADD DEPENDENT(S) <input type="checkbox"/> TERMINATE A FAMILY MEMBER <input type="checkbox"/> ADDRESS <input type="checkbox"/> NAME <input type="checkbox"/> DELETE COVERAGE<br>DATE OF CHANGE ___/___/___ REASON FOR CHANGE _____ |   |                        |   |
| GIVE THE FOLLOWING INFORMATION FOR EACH PERSON TO BE INSURED   |   |                        |   |
| Name (Last, First, Middle Initial)   | Sex   | Birthdate              | Member Social Security #  |
| Member:  | <input type="checkbox"/> M <input type="checkbox"/> F |                        |   |
| Spouse:  | <input type="checkbox"/> M <input type="checkbox"/> F |                        | Date of Marriage<br>/ /   |
| Child:   | <input type="checkbox"/> M <input type="checkbox"/> F |                        | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child:   | <input type="checkbox"/> M <input type="checkbox"/> F |                        | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child:   | <input type="checkbox"/> M <input type="checkbox"/> F |                        | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child:   | <input type="checkbox"/> M <input type="checkbox"/> F |                        | Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ***** I understand that Dental enrollment is locked in for 12 consecutive months. <input type="checkbox"/> Yes <input type="checkbox"/> No Initial _   |   |                        |   |
| Member's Street Address  |   | City                   |   |
| State  |   | Zip                    |   |
| Home Phone   |   | Business Phone         |   |

**DENTAL**

|   |  |
|---|--|
| Member:<br>I elect  | <input type="checkbox"/> Silver Schedule – no Vision Plan (3000) |
| <ul style="list-style-type: none"> <li>▪ I hereby apply for the group benefit(s) indicated above.</li> <li>▪ I authorize monthly deductions from my debit/credit card.</li> <li>▪ The information provided above is true and correct to the best of my knowledge.</li> <li>▪ Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.</li> </ul> |  |
| X SIGNATURE OF MEMBER   | DATE   |

Please retain a photocopy for your records and submit this form to

UPPER MICHIGAN FINANCIAL SERVICES

2366 US 41 South

Marquette, MI 49855

(906)249-7665 / (888)534-9103

(906) 249-6640 {FAX}