

Group Accident and Travel Insurance with Repatriation Rider Enrollment Form



Care Alternative
181 Howard Blvd., Suite 405
Mt. Arlington, NJ 07856
In Conjunction with David Macgregor Company
*Indicates required information – Print clearly in ALL CAPS



ORGANIZATION INFORMATION				
Are you enrolling as a member of one of these Organizations:	<input type="checkbox"/> USMCOC <input type="checkbox"/> HAP <input type="checkbox"/> Shop Rite - Passaic	<input type="checkbox"/> Confraternidad <input type="checkbox"/> Basilica De Guadalupe	<input type="checkbox"/> El Vecino <input type="checkbox"/> Casa Puebla	<input type="checkbox"/> No - Individual Enrollment
If Yes , which Chapter/Church/Location:				

MEMBER INFORMATION					
*Member's Last Name:	*First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital Status (circle one) Single / Mar / Div / Sep / Wid
*Birthday: (MM/DD/YYYY) / /	*Telephone Number: () -	Email Address:			*Sex: <input type="checkbox"/> M <input type="checkbox"/> F
*Street Address:				P.O. Box / Apartment Number:	
*City:			*State:		*Zip Code:
Driver's License Number:				Driver's License State:	

PRIMARY RESIDENCE IF REPATRIATING THE BODY OUTSIDE OF THE USA	
Telephone Number:	Country:
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	

BENEFICIARY INFORMATION	
*Beneficiary Name:	*Relationship To Applicant:
*Address Line 1 (Street Address USA):	*Country:
Address Line 2 (P.O. Box / Apartment Number USA):	*Telephone Number:
*Address Line 3 (City, State, Zip USA):	
Address Line 4:	

****There is a one-time \$10.00 processing fee associated with this enrollment****

Mail Completed Enrollment Forms to the Address Above or

Phone: 973-448-9946 or Fax: 973-448-9946

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PROGRAM SELECTION INFORMATION

*Group Accident and Travel Insurance with Repatriation Rider Program:	<input type="checkbox"/> Monthly Premiums: \$15.00 <input type="checkbox"/> Annual Premium: \$180.00
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CREDIT CARD / PRE-PAID DEBIT CARD AUTHORIZATION INFORMATION

Authorization to honor Credit / Debit cards by CREATIVE BENEFITS SERVICES:

*Credit Card / Pre-Paid Debit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
*Credit Card Number	*Expiration Date: (MM/YYYY)	*Verification Number:
*Name As It Appears On Credit / Pre-Paid Debit Card:		
*Authorization Signature:		*Date:
Member's Name (if not the same as the name on Credit / Prepaid Debit Card):		

CREDIT CARD VERIFICATION NUMBER LOCATIONS

<p>1234 5678 9012 3456 123</p> <p>Card ID</p>	<p>Visa / Master Card Credit Card Verification Number Location</p>	<p>AMERICAN EXPRESS</p> <p>1234 567890 1234</p> <p>Card ID</p> <p>MEMBER NAME</p>	<p>American Express Credit Card Verification Number Location</p>
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