

FIRST CONTINENTAL LIFE

PLAN 2000 APPLICATION

12946 Dairy Ashford, Ste. 360
 Sugar Land, TX 77478
 Phone (866) 912-7131 Fax (832) 415-0445

Applicant _____
Last Name First Middle Initial

Social Security Number _____

Address _____

Requested Effective Date _____
(ALL MEMBERSHIPS START ON THE 1ST OF THE MONTH)

City _____ State _____ Zip _____

Telephone: Home _____ Work _____

Birthdate (mo/day/year) ____/____/____ Sex M F

Dentist _____ Number _____
***** You MUST choose a dentist to be enrolled*****

	Last Name (If Different)	First Name	Middle Initial	Sex M/F	Birthdate (mo/day/year)
Spouse					
Child					
Child					
Child					
Child					

Bank Draft- On the 1st day of each month, MUST include 1st months payment with Enrollment Fee and Voided check

Semi-Annually (6 months)

Annually (12 months)

These options include payment by check including enrollment fee, thereafter bill me

Credit Card 6 months plus enrollment fee 12 months plus enrollment fee

Credit Card # _____ Expiration Date _____

Type (circle one) MC VISA AM EX DISC

RATES

Monthly

Individual	\$11.00	X (6 or 12 months)	_____	+ enrollment fee	Total	_____
Individual + 1	\$19.00	X (6 or 12 months)	_____	+ enrollment fee	Total	_____
Family	\$24.00	X (6 or 12 months)	_____	+ enrollment fee	Total	_____
Enrollment Fee	\$15.00					

I hereby apply for coverage under Plan 2000. I understand that this policy is personal and portable.

Signature _____

Date _____

Agent Name (if applicable) _____

Number _____