



AMFIRST INSURANCE COMPANY

Dental Application

- New Application
- Change Card

Last Name	First Name	MI

Home Address	City, ST	ZIP

Home Phone	Employer/Group	Employer Phone

Primary Employee/Member	SSN	DOB	Marital Status	Sex

Dependent Name	DOB	Relationship	Sex	Student (Y/N)

Select Payment Mode

- Group Billing
- Annual Direct Billing
- Semi Annual Direct Billing
- Quarterly Direct Billing
- Monthly Bank Draft

This authorization will draft monthly payments from my checking account. A voided blank check is enclosed on the bank on which the drafts are to be drawn.

Monthly Credit Card

- Visa
- Master Card

Credit Card #

Exp. Date

Are all dependent children between the ages 19 and 24 full-time students (Y/N) "I understand and agree that the insurance shall not take effect unless the application has been accepted and approved by the Company and until the Effective Date of the Certificate." California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Signature of Member	Check with Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Eff. Date	Plan Code AFDENT
Agent Sign And Complete		Group Code	Rate Code	Rate

Form MS-GRP-APP-C (08/02)

Electronic data scanners will process enrollment data on all future group and individual enrollments. The form shown above must be used for all enrollment starting August 1, 2002.

- Use Original applications for Enrollment.
- Do Not Reproduce the Application on a Copy Machine. This may alter the size and location of the data fields and adversely affect the ability of the scanner to read the data.
- Please PRINT within the data fields with Black Ink

You can secure a supply of these forms by:

1. E-mail dental@morganwhite.com or call 800-800-1397
2. A quality Printing Company can use the above camera ready application and print your original application forms. The printer can get 2 applications per letter sheet.