



Did **you.... remember** to...

- **Include your first month's premium or "Bill Me Later"?**

Include credit card information on your application or write in "Bill Me Later"

- **Write in the 1st of the month of your requested effective date of coverage on page 7.**
- **Sign and date page 7 of the application.**
- **Answer all questions with a check (√) in section B.**
- **Provide detail in section C to any questions checked (√) in section B.**
- **Return your application to:**

**ATTN: Highmark Individual Insurance
Application Processing Center
PMB 373
256 Eagleview Blvd Ste 200
Exton, PA 19341-9977**

Or fax your application to 866-374-7569.

Please call toll free should you have any questions.

(866) 680-0951