



MEDILINQ

Sponsor Code: BAND

Enrollment Form

Signing up for MEDILINQ is easy! Just complete both sides of this enrollment form and return it to MEDILINQ at:
Fax: 832-575-3040 • Mail: PO Box 540985 Houston, TX 77254-0985

1 Band Information

Band Name: _____ Band Manager / Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2 Choose a Benefit

Health-E Consumer For Bands: \$39.95/month - up to 15 band members

Savings of up to 40% and more at doctors, hospitals, labs, complementary and alternative care providers!
Up to 60% off prescriptions! Up to 40% off general dental care!

3 Add Band Members (Up to 15 band members per membership)

Attach additional pages if needed.

First Name: _____ M.I.: _____ Last Name: _____

Birthdate: ____/____/____ Relationship: Spouse Partner Dependent Gender: Male Female

First Name: _____ M.I.: _____ Last Name: _____

Birthdate: ____/____/____ Relationship: Spouse Partner Dependent Gender: Male Female

First Name: _____ M.I.: _____ Last Name: _____

Birthdate: ____/____/____ Relationship: Spouse Partner Dependent Gender: Male Female

First Name: _____ M.I.: _____ Last Name: _____

Birthdate: ____/____/____ Relationship: Spouse Partner Dependent Gender: Male Female

First Name: _____ M.I.: _____ Last Name: _____

Birthdate: ____/____/____ Relationship: Spouse Partner Dependent Gender: Male Female

To complete enrollment, you must fill out and sign backside.

