



## HEALTH ESSENTIAL LIMITED MEDICAL

### LIST BILL FORM – MINIMUM OF 5 APPLICATIONS / 10 IF PAID BY CHECK

This is not an employer-sponsored plan: neither the employee nor the employer can treat or represent the premiums as part of an employer-sponsored health insurance program for the purpose of Section 162, Section 125 or Section 106 of the United States Internal Revenue Code.

Complete the following for a monthly list billing. Please attach Individual Applications, and a check for the first month's premiums/fees due. The effective date is always the first of the month. Payments are due on the same day as selected each month. Premiums must be paid within the plans stated provision for premium payments, or coverage will terminate.

AUTHORIZE BY: \_\_\_\_\_ COMPANY: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email address for billing statements if paid by check: \_\_\_\_\_ Attention: \_\_\_\_\_  
 Bill to: \_\_\_\_\_ Billing Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's First Name (Last, First)*	Plan Basic500, Plus750, Choice1000 or Max1500	Monthly Rates (Applicant, Spouse and dependent children)	Monthly Association & Administration Fee	Enrollment Fee	Total Rates and Fees
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	
			\$12.50	\$25	

Payment be MasterCard / Visa:

Account #: \_\_\_\_\_  
 Expire: \_\_\_ / \_\_\_ CVS Code: \_\_\_\_\_  
 Name / Address / Phone # on Account : \_\_\_\_\_



**Make Check Payable to:** Health Insurance Innovations  
**Mail Applications & Check to:** Health Insurance Innovations  
 218 East Bearss Ave, Suite 325  
 Tampa, Florida 33613  
 P. 1-877-376-5831  
 F. 1-877-376-5832

Agent Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 HII Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ MGA: Allied Brokerage Services HII Code: E511000000