



# LRFA

PO Box 8857  
Elkins Park, PA 19027

T 215.635.4137 / info@LRFA.org  
F 215.635.1583 / www.LRFA.org

## FOR LRFA OFFICE USE ONLY

LRFA Member #

Effective Date:

Waiting Period:

# HEALTH SUPPLEMENTAL PLAN APPLICATION

### PERSONAL INFORMATION

Last Name		First Name	#
<input type="checkbox"/> Male <input type="checkbox"/> Female			LRFA Member
Gender		Date of Birth	
Address			
City		State	Zip
Phone		E-mail	
Children's Names and Dates of Birth (if adding dependents to your plan)			
Name & Phone Number of Primary Care Provider (PCP)			
Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate any major medical conditions you have or have experienced:			
AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Attack <input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular Dystrophy <input type="checkbox"/> Yes <input type="checkbox"/> No	
ALS <input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Sclerosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Please Specify: _____			

### COVERAGE

<b>H1*</b> <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 80%	<b>H2</b> <input type="checkbox"/> 50% <input type="checkbox"/> 80%	<b>H3</b> <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 80%
<input type="checkbox"/> <b>Yes!</b> Please add my children to the above selected Health Plan (list names and ages above)		
<input type="checkbox"/> <b>*H1:</b> I have attached a copy of my primary health insurance card (required)		

### SIGNATURE

I agree to all terms of the LRFA Health Supplemental Plan and the information I have provided is accurate and complete.

Signature	Date
-----------	------