



Name of Applicant: _____

Name of Carrier, i.e. Anthem/Kaiser/BlueShield: _____

Monthly Premium Amount Quoted: \$ _____

First month's premium payment options:

Automatic payment from: Checking/Savings Account **OR** Visa/Mastercard

Checking Account: Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

Card Type i.e. Visa/MC: _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVC Number: _____

Signature: _____ Date: _____

- Ongoing Premium Payment:
- Same as first month's premium
 - Paper bill sent to mailing address

Please fax or scan and email back for processing with carrier:
FAX to 916-359-2468 - Email wendyhasins4u@yahoo.com, danhasins4u@yahoo.com

Wendy Wilson License #0C77983 CoveredCA Agent ID #2000002485 CoveredCA Agent ID#200000246 Daniel Stuart License #0C95200 Broker: ANTHEM-KDKPRSQVQZ, MDKHRSQPRZ, HEALTH NET- U787, V163, KAISER-20432,18598. UNITEDHEALTHCARE-2048008, AIG 02JKU, WESTERN HEALTH ADVANTAGE-WHAB394, WHAB415, BLUE SHIELD OF CA National Producer Number 3220568, 3403915, CALIFORNIA DENTAL NETWORK 1364, VSPCA00744, SUTTER HEALTH PLANS C-01029013, C-01190289, TRANSAMERICA OMLSR50088. All payments are processed direct through each carrier's secured payment system and receipt will be produced and emailed from your specific carrier.