

LIST INVOICE ADDITION

BuyAmericanInsurance.com
13595 Cedar Run Ln, Suite 108,
Herndon, VA 20171-3257, USA



| | |
|--|---------------------|
| Employer Name | |
| Street Address | |
| City | State |
| Country | Postal Code |
| Contact Person | Phone Number |
| Name of Applicant | |
| Premium amount for payment mode chosen (payment mode must be the same for all individuals) modal factor must be the same as current list bill (.1 monthly, .28 quarterly, .55 semi-annually, 1.0 annually) | |
| Requested effective date of new applicant (coverage does not become effective until formal acceptance has been made by IMG SM) | |

Contact Person Signature _____ Date _____

Printed Name _____

Broker Signature _____

Note: The Global Medical InsuranceSM List Invoice is provided as a convenience to the above addressee. Certificates are issued on an individual basis to those applying for Global Medical Insurance.

****PLEASE ATTACH APPLICATION WITH THIS FORM****