

Accent

Membership includes critical illness, accident and term life insurance along with services and discounts for individuals and families.
 Please complete in blue or black ink only.

Membership Selection (If family membership is selected, complete the dependent information on page 2.)

Membership Type <input type="checkbox"/> Single Membership <input type="checkbox"/> Family Membership	Membership Level (single/family monthly dues) <input type="checkbox"/> Accent 1 (\$24.95 / \$41.95) <input type="checkbox"/> Accent 2 (\$34.95 / \$59.95) <input type="checkbox"/> Accent 3 (\$54.95 / \$99.95)
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Primary Member Information

Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Email Address	Date of Birth	Phone Number	
Mailing Address	City	State	ZIP

Effective Date and Payment Information

Effective Date <input type="checkbox"/> 1 st <input type="checkbox"/> 8 th <input type="checkbox"/> 15 th <input type="checkbox"/> 22 nd of _____ (month)		Payment Mode <input type="checkbox"/> Credit card <input type="checkbox"/> Automatic bank draft	
If Credit Card , Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	Name on Credit Card	Card Number	Expiration Date
If Automatic Bank Draft , Name of Account Holder		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number	Bank Routing Number		

Communicating for America, Inc. or its authorized administrator is hereby authorized to debit my bank account or credit card for payment of the association dues until this Authorization is terminated. I agree that the named institution shall be fully protected in honoring any such payments. The institution's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the institution shall not be liable whatsoever, even though such dishonor results in a forfeiture of membership. This Authorization will remain in effect until and unless I send a written notice of termination directly to the bank or to Communicating for America, Inc. A service fee of \$25 will be assessed for each dishonored payment.

Signature of credit card or bank account holder: **X** _____

I hereby apply for membership in Communicating for America, Inc. I understand the mission of the association is to promote the health, well-being and advancement of all self-employed Americans and small business owners by utilizing their acquired experience in serving rural Americans, and to deliver valued member benefits at the best price and of the highest quality. I understand that my membership will remain in effect as long as I qualify under membership guidelines and pay my membership dues. Dues paid for membership in Communicating for America, Inc. are used for benefits, marketing, distribution and administrative expenses. This membership application is not an application for medical insurance or any guarantee thereof. I understand that benefits are offered at the sole discretion of Communicating for America and may vary by availability, vendor or state of residence.
 I wish to be a member of Communicating for America and I agree to the terms and conditions listed above.

Primary member signature: **X** _____ Date: _____

Producer Name	IHC Producer Number
Telephone Number	Email address

Accent memberships are available in the states of Minnesota, North Dakota and Wisconsin.

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Beneficiary Information

Name of Beneficiary	Relationship
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Dependent Information *(If family membership has been selected, complete the dependent information below.)*

Name (last, first, MI)	Gender	Relationship	Date of birth
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	
	<input type="checkbox"/> M <input type="checkbox"/> F	Child	
	<input type="checkbox"/> M <input type="checkbox"/> F	Child	
	<input type="checkbox"/> M <input type="checkbox"/> F	Child	
	<input type="checkbox"/> M <input type="checkbox"/> F	Child	

Please submit application to:
 Medica Insurance Company
 Mail route CP312
 P.O. Box 9310
 Minneapolis, MN 55440-9310
 Fax: 952-992-2511