

# Application Instruction Checklist

(Please use the following checklist when completing your application.)

Please observe the following:

- ✓ Please print using black ink.
- ✓ Answer all questions.
- ✓ **Do not use correction fluid.**
- ✓ If you need to change an answer, just mark through the answer and initial the correction.
- ✓ Refer to the product brochure or *www.goldenrule.com* for details on your plan choice.
- ✓ Look over the application to make sure it is accurate.
- ✓ After you sign and date the application, please mail or fax\* it within three days. (**Applications received more than 15 days after the date signed will not be accepted.**)

## Page 1

- Please sign and date the FACT Membership Enrollment Form above or before your application (does not apply in CT and DE).
- Answer applicable Questions 1-10 (page 2 in TX).  
Note: Only fill out Question 6 if the billing address is to be other than the insured's address.  
Only fill out Question 7 if you are getting life insurance and/or the Health Savings Account.
- Initial and date the bottom of the page. (Make sure spouse initials, if applicable.)

## Page 2

- Answer Question 11.
- Write in requested effective date.
- Choose requested health class. (Refer to the section below your name on your quote.)
- Network (Refer to your quote.)
- Choose plan desired.
- Choose desired deductible.
- Choose optional benefits if desired and applicable.
- Question 12 (page 3 in TX): Choose either monthly P.A.C. (Preauthorized Charge) or quarterly.
- Fill out the rest of the billing section to determine what amount to send in with your application.  
Note: If paying monthly, please send in your first month's payment. (Refer to your quote.)  
If paying quarterly, you may send in one month or the entire three months' payment.  
You may use a credit card to pay your initial payment by completing the credit card section.

Send completed application, first payment, and copy of quote to:

(Sorry, but we cannot accept faxed applications from DE.)

32397-0105

## Page 2 (cont.)

- Answer Question 13. (Please fill in the following boxes if you answered "Yes.")
- Answer all questions.
- Initial and date the bottom of the page. (Make sure spouse initials, if applicable.)

## Page 3

- Answer all of the questions. (Include full details for any medical questions answered "Yes.")
- Initial and date the bottom of the page. (Make sure spouse initials, if applicable.)

## Page 4 (page 5 in TX and FL)

- Date and sign** the Statement of Understanding. (Make sure spouse signs, if applicable.)  
Also, fill in the city and state where you are signing the application.

## Page 5 (page 6 in TX; page 7 in DE, FL, MO, TN, & VA)

- Attach a blank check and write VOID across it if paying monthly.
- Date and sign** the "P.A.C. Authorization, Health Insurance Certification and Authorization to Obtain and Disclose Information." (Make sure spouse signs, if applicable, and fill in the city and state.)
- Date and sign** the "I have read the above: Authorization to Obtain and Disclose Health Information." (Make sure spouse signs, if applicable, and fill in the city and state.)

## Page 6 (page 8 in DE, FL, MO, TN, & VA)

- Sign and answer questions about previous health insurance only if you are reporting HSA money with Golden Rule. Include spouse information and signature as necessary.

**Most Important  
Call if you have any questions.**

**Golden Rule**<sup>®</sup>  
A UnitedHealth Group Company

Providing Health Coverage  
Since 1946.

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