

**PART 2 — EXTENDED HEALTH CARE: Rates are subject to change**

I am applying for Extended Health Benefits

- Monthly Rates effective July 1, 2021  Single \$197.77  Couple \$361.91  Family \$439.04

**PART 3 — DEPENDENT INFORMATION: Check Extended Health Care box for each dependent if applying for coverage**

FIRST NAME	LAST NAME	Part 6 — Additional Information on page 2	<input type="checkbox"/> Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> A	<input type="checkbox"/> Personal

**PART 5 — PAYMENT METHOD (Choose one method below)**



