

# Mailing Instructions

Check one more time before mailing.

Is the application filled in using ink?

Are all questions answered?

Are all boxes checked?

Is it signed and dated in both Applicant Signature locations?  
(Located in the middle and at the bottom of page 4)

If requesting monthly bank draft, is a void check include?

If not correctly completed, the insurance company  
will return the application  
which could delay the start date of coverage.

Do not include a premium check with the application.

Please return the application and any attached items to:

First Choice Health Insurance, Inc.  
ehealthlink.com, LLC  
515 SE Main Street  
Roseburg, OR 97470

Please fill in your e-mail address below  
and return this form with the application  
so that we can confirm receipt of your application.