

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?

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

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.