

MUST be signed below by persons applying for coverage.
NOTE: this application remains valid for 45 days from the date signed.

MISSTATEMENT

I HEREBY APPLY for the benefits for which I am eligible under the policy provided by Alliance Health and Life Insurance Company. I understand and agree that all statements and answers made in this application are true, complete and correctly recorded and constitute the sole basis for the issuance of the benefits applied for in this application. I understand that the requested coverage is subject to approval by Alliance.

RECISION

I FURTHER UNDERSTAND that failure to disclose all information or any misstatement of information as requested in any section of this form may be the basis for cancellation of coverage during the first twenty-four (24) months of enrollment.

PRE-CERTIFICATION REQUIREMENTS

I UNDERSTAND that this policy has certain pre-certification requirements which are explained in detail in each certificate booklet. Failure to obtain the required pre-certification will result in reduced benefits.

INFORMATION RELEASE

I CERTIFY and understand the above information to be full, complete and accurate. I AUTHORIZE any licensed physician, medical practitioner, hospital, clinic, or other medically related facility, insurance company, or other organization, institution or person, including Alliance's Health Care Center, that has any records or knowledge of my, or my family's health to give that information to insurance companies, including their reinsurers. A photographic copy of this authorization shall be considered to be valid as the original.

X _____ / /
Student Signature Month Day Year

X _____ / /
Spouse Signature (if applying for dependent coverage) Month Day Year

I verify that the above information is accuract to the best of my knowledge and further that the applicant listed above is eligible for coverage under the Wayne County Four Star Health Program.

X _____ / /
Student Signature Month Day Year

X _____ / /
Wayne County Four Star Representative Month Day Year

Return your application and required materials to:
CSS, Inc.
WCFS Student Edition
25600 Kelly Road
Roseville, MI, 48066

