(Ö) ***CHECKLIST*** (Ö)

Of Required Documentation
for ***Boomers-In-Paradise.org***
Best Doctors Insurance Policy Application

Please submit this Checklist as the top page of your "Application Packet

MEMBER NAME: _____ _____

(Legibly Printed) ***LAST*** ***FIRST***

*Reviewed /Note**:

( ) 1. Complete and Submit Boomers Membership Application *(Membership payment is required prior to submitting insurance application)* _____

( ) 2. "Best Doctors" Health Questionnaire – complete w/ signature and date _____

( ) 3. My Age is _____. _____

( ) A Lab-Certified Blood Test is Attached.

( ) Being under age 64, a blood test is *NOT* required

( ) 4. Legible copy of Fm2/3 (front and back of card is required), copy of equivalent or copy of documentation from Processor indicating paperwork is "in process" _____

( ) *5.* Proof of my Mexican Address (as listed on the Health Questionnaire & Boomers Application) is verified by the attachment of ***one*** of the following: *(only the address needs to match your application address, not the name on the bill)* _____

( ) Copy of TelMex bill

( ) Copy of CFE bill

Date: _____

04/04/13