Discount Health Application
(Sponsored by Menominee County, MI)

ENROLLMENT FORM

Your Name: _____
First Middle Last

Address: _____
Street Address

_____, _____ _____
City State zip code

Home Phone: _____

Gender: Male ☐ Female ☐

Date of Birth: _____/_____/_____
Month Day Year

Other Household Members:

1. Name _____

   Date of Birth _____

2. Name _____

   Date of Birth _____

3. Name _____

   Date of Birth _____

4. Name _____

   Date of Birth _____

(*For additional names, add a paper list)*

Please mail the application and a $39.00 (per family) check/money order made payable to ***Benefit Control Methods. (****Your cards and informational materials will be sent within 10 business days.)*

Benefit Control Methods
P.O. Box 5577
Plymouth, MI 48170