

APPLICATION FORM

A. General Questions

Proposed Insured's Name:

[1] ²Abstracts within designated sections.

Birth Date: _____

Gender: ☐ Male ☐ Female

Address: _____

Phone Number: _____ Email Address: _____

ID Number: _____ Social Security Number: _____

Status: ☐ Single ☐ Married ☐ Divorced ☐ Others

Occupation: _____ Are you a retiree? ☐ Yes ☐ No

B. Type of Health Coverage

Employee: ☐ Yes ☐ No
Plan Choice:

Spouse: ☐ Yes ☐ No
Plan Choice:

Children: ☐ Yes ☐ No
Plan Choice:

Complete If Spouse/Children are Proposed for Insurance:

Name	SSN/No.	Relationship to proposed insured	Birth Date	Age	Sex

C. The Policy

Units	Annual Premium
1	\$100
2	\$180
3	\$250
4	\$320
5	\$380
6	\$450
7	\$520
8	\$580
9	\$650
10	\$720
11	\$780
12	\$850
13	\$920
14	\$980
15	\$1,050
16	\$1,120
17	\$1,180
18	\$1,250
19	\$1,320
20	\$1,380
21	\$1,450
22	\$1,520
23	\$1,580
24	\$1,650
25	\$1,720
26	\$1,780
27	\$1,850
28	\$1,920
29	\$1,980
30	\$2,050
31	\$2,120
32	\$2,180
33	\$2,250
34	\$2,320
35	\$2,380
36	\$2,450
37	\$2,520
38	\$2,580
39	\$2,650
40	\$2,720
41	\$2,780
42	\$2,850
43	\$2,920
44	\$2,980
45	\$3,050
46	\$3,120
47	\$3,180
48	\$3,250
49	\$3,320
50	\$3,380
51	\$3,450
52	\$3,520
53	\$3,580
54	\$3,650
55	\$3,720
56	\$3,780
57	\$3,850
58	\$3,920
59	\$3,980
60	\$4,050
61	\$4,120
62	\$4,180
63	\$4,250
64	\$4,320
65	\$4,380
66	\$4,450
67	\$4,520
68	\$4,580
69	\$4,650
70	\$4,720
71	\$4,780
72	\$4,850
73	\$4,920
74	\$4,980
75	\$5,050
76	\$5,120
77	\$5,180
78	\$5,250
79	\$5,320
80	\$5,380
81	\$5,450
82	\$5,520
83	\$5,580
84	\$5,650
85	\$5,720
86	\$5,780
87	\$5,850
88	\$5,920
89	\$5,980
90	\$6,050
91	\$6,120
92	\$6,180
93	\$6,250
94	\$6,320
95	\$6,380
96	\$6,450
97	\$6,520
98	\$6,580
99	\$6,650
100	\$6,720

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Monthly PAT (complete PAT card)

Cash with Application: \$ _____

Planned modal premium: \$ _____

[Terms & Conditions](#)

Improvement should be measured regularly and assessed in order for you to know what's beneficial and what is not. This will help you set new targets.

Signature:

Date: _____

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Table of Contents Sahms 2016 Application Forms

1. Understanding the eBook Sahms 2016 Application Forms
 - The Rise of Digital Reading Sahms 2016 Application Forms
 - Advantages of eBooks Over Traditional Books
2. Identifying Sahms 2016 Application Forms
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Sahms 2016 Application Forms
 - User-Friendly Interface
4. Exploring eBook Recommendations from Sahms 2016 Application Forms
 - Personalized Recommendations
 - Sahms 2016 Application Forms User Reviews and Ratings
 - Sahms 2016 Application Forms and Bestseller Lists
5. Accessing Sahms 2016 Application Forms Free and Paid eBooks
 - Sahms 2016 Application Forms Public Domain eBooks
 - Sahms 2016 Application Forms eBook Subscription Services
 - Sahms 2016 Application Forms Budget-Friendly Options
6. Navigating Sahms 2016 Application Forms eBook Formats

- ePub, PDF, MOBI, and More
- Sahms 2016 Application Forms Compatibility with Devices
- Sahms 2016 Application Forms Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Sahms 2016 Application Forms
 - Highlighting and Note-Taking Sahms 2016 Application Forms
 - Interactive Elements Sahms 2016 Application Forms
- 8. Staying Engaged with Sahms 2016 Application Forms
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Sahms 2016 Application Forms
- 9. Balancing eBooks and Physical Books Sahms 2016 Application Forms
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Sahms 2016 Application Forms
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Sahms 2016 Application Forms
 - Setting Reading Goals Sahms 2016 Application Forms
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Sahms 2016 Application Forms
 - Fact-Checking eBook Content of Sahms 2016 Application Forms
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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