



731-207-0597

www.AmickInsurance.net
elizabeth@amickinsurance.net

Amick Insurance
Elizabeth A. Amick
731-207-0597

elizabeth@amickinsurance.net

Online Enrollment Confirmation

Cancellation Policy

I understand that this is a 12-month contract that will renew annually upon my benefit anniversary date unless there is a qualifying event (proof required).

I understand that if I choose to cancel coverage upon the expiration of my policy, I must provide a written notice of termination 30-days prior to the anniversary date by fax to (601) 956-3795 or email individualchanges@morganwhite.com.

I understand that I will not be able to re-apply for coverage for 12 months.

ACH Authorization**Name**

Betty Ynzunza

Bank Name

Patelco Credit Union

Routing Number

321076470

Account Number

****1410

I hereby request and authorize the Financial Institution named above to pay my obligation by charging each payment to my account and to make the deduction payable to the order of MWG Administrators who is acting on the behalf of the carrier. I agree each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, both the Financial Institution and MWG Administrators reserve the right to terminate this payment plan (or my participation therein). If the premium amount changes, I will be notified in writing prior to any changes in the amount deducted from my account. MWG Administrators will send a notice of payment not honored. Payments not honored will not be submitted a second time. If a payment is not honored, my insurance terminates at the end of the grace period. If I wish to continue my insurance after a payment is not honored, MWG Administrators must receive full payment prior to the end of that month. If I wish to continue my insurance after a payment is not honored, MWG Administrators will charge a \$20.00 fee in addition to any bank charges. Reinstatement is only possible within 60 days of the not honored payment after which no reinstatement is possible. After two payments are not honored, reinstatement is not possible.

I also understand I have the right to terminate this authorization by contacting Morgan White Administrators, Inc. via mail or fax at the following address:

Morgan White Administrators, Inc.

P.O. Box 14067

Jackson, MS 39236

Phone: 800-800-1397

Fax: 601-956-3795

Contact Info**Primary Enrollee: Betty Ynzunza****Address:** 252 Heritage Square, MEDINA, TN 38355**Phone:** 5106761691**Email:** betty.ynz@msn.com**Agent****Elizabeth A. Amick****Amick Insurance****Phone:** 731-207-0597**Email:** elizabeth@amickinsurance.net

Enrollees			
Name	Birthdate	Gender	Relationship
Betty Ynzunza	6/1/1949	F	Primary

Selected Plan(s)
<p>Superior Advantage PPO Effective Date: 5/1/2020</p> <p>Monthly Cost \$34.13</p>
<p>DeltaVision 150 Packaged Vision Offered by VSP Effective Date: 5/1/2020</p> <p>Monthly Cost \$8.14</p>
<p>One-Time Enrollment Fee \$25.00 Initial Monthly Payment \$67.27 Recurring Monthly Cost \$42.27</p>



NEED HELP? **855.844.0445**

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All quotes are provided by Morgan-White, LTD, on behalf of Delta Dental of Tennessee

DESIGNED BY **CREMA DESIGN STUDIO**