

American Physicians Assurance Corporation

1301 N. Hagadorn Road, P.O. Box 1471, East Lansing, MI 48826-1471, (517) 351-1150, 1-800-748-0465

REQUEST FOR ENROLLMENT Medical Associations' Member Rewards Plan

I wish to enroll in the American Physicians Medical Associations' Member Rewards Plan.

Please enroll me effective: _____
Month Day Year

MY ORGANIZATION IS:

Michigan State Medical Society (MSMS) Michigan Osteopathic Association (MOA)

MY ORGANIZATION MEMBERSHIP STATUS IS:

Current member in good standing

Applied for membership on: _____
Month Day Year

The undersigned acknowledges that by applying for coverage under the Medical Associations' Member Rewards Plan, no guarantee of insurability is being granted.

Physician Name (Please print or type)

Physician Signature

Date of Request