



## INDIVIDUAL ENROLLMENT FORM

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Secondary Insurance Carrier (if applicable): \_\_\_\_\_

Plan Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Please check type of Annual Membership: Regular:  Premium:  Specific Case:

We accept major credit cards, debit cards and checks.

I will pay with the following payment option:  Credit/Debit card  Check (attached) to HELP, LLC

If choosing to pay by credit/debit card, you must complete all of the following information:

Cardholder name as it appears on card: \_\_\_\_\_

Cardholder billing address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Credit card # \_\_\_\_\_

Exp date (MM/YY) \_\_\_\_\_ CVV/CVC \_\_\_\_\_

Card/Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If mailing, send to HELP, Inc. at P.O. Box 36775, Las Vegas, NV 89133 or

Fax this form to: (702) 242-0592 or scan and email (secure) to: [help@907-help.com](mailto:help@907-help.com)

