

Member Name: _____ KFB Membership #: _____

Agent contact information: _____ Website: www.kfbhealthplans.com**HAVE THESE THINGS ON HAND BEFORE YOU BEGIN APPLYING**

- Full names, addresses, dates of birth, Social Security numbers of all people applying for coverage, height and weight of all people applying for coverage
- List of all medications taken by all applicants
- List of all medical conditions of all applicants
- List of surgical procedure(s)
- List of any physicians and their specialty
- Kansas Farm Bureau membership number (see your agent for assistance)
- A valid email - this is a requirement
- Previous insurance card
- Checking account information including:
 - Primary account holder name
 - Bank name
 - Bank branch address
 - Routing number
 - Account number
- For those over 40 or under 2 years of age, there are age-specific underwriting records that KFB Health Plans will need before processing your application. Your application will not be processed until these records are submitted to underwriting. (see your agent for assistance)

QUOTING AND APPLICATION PROCESS:

1. Visit bit.ly/kfbhp_quote_apply.
2. Select "Shop Medical" in the Traditional Membership Plans section.
3. Input the information including dependents.
4. Select "Guide Me" to answer a series of questions including searching for your medical providers to make sure they are in-network.
5. You'll be able to compare plans, but these are estimates. Prices are subject to change during the underwriting process.
6. Pick the plan you like and add it to the cart.
7. Select "Apply Now".
8. Complete the prompts and create an account.
9. Answer all questions completely, truthfully and as accurately as possible including Social Security numbers and height and weight.
10. You are required to enter EFT payment information during the application process. Money will not be taken out of your account until you accept the policy.

KFB Health Plans Hotline: 1-833-282-5928*Your agent has limited access to your policy once it is submitted. For best service, call the hotline.***Who to Contact:***Questions about claims: www.umd.com or 866-840-9270**Questions about who is in-network: www.kfbhealthplans.com/looking-for-a-provider**Questions about your policy, payments or cancellations: 833-282-5928*