



Date of Registration

**Membership Enrollment**  Alaska Resident  Non-Resident

**Primary Member Information**

P.O. Box 190026  
Anchorage, AK 99519-0026  
Tel: 1-855-907-LIFE (5433)  
Fax: 907-249-8359  
[lifemedalaska.com](http://lifemedalaska.com)

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Date of Birth
Mailing Address		City	State	Zip
Contact Phone		Email Address		
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number

**Additional Household Members**

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Relationship to Primary Member	Date of Birth
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number	

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Relationship to Primary Member	Date of Birth
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number	

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Relationship to Primary Member	Date of Birth
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number	

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Relationship to Primary Member	Date of Birth
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number	

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Suffix</b>	Relationship to Primary Member	Date of Birth
Primary Insurance Provider	Prefix	Insurance ID Number	Secondary Insurance Provider	Insurance ID Number	

**Payment Information**  One-time  Recurring |  Visa  MasterCard

Account Number	Expiration Date	Security Code
Name as it appears on card	Billing Address	Signature