

USVI MEMBERSHIP APPLICATION



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MEMBER INFORMATION

NAME: (First M. Last)

SPOUSE: (First M. Last)

Birthdate		Birthdate		Age	
Member:	/ /	Spouse:	/ /	Member:	Spouse:

MAILING Address (PO Box or Street and Number):

City: State: Zip:

Benefits Address (Street and Number):

City: State: Zip:

Phone: Email:

Preexisting conditions are covered after 90-days

DEPENDENT(S) INFORMATION

DEPENDENT'S NAME: (First M. Last)	Date of Birth:	Age:

Preexisting conditions are covered after 90-days

PLAN & PAYMENT OPTIONS

Puerto Rico & Florida		MEMBER PREFERRED HOSPITAL	
PUERTO RICO Plan	FLORIDA Plan	Preferred Hospital - Region 1	Preferred Hospital - Region 2
Annual Payment Options	Annual Payment Options	Annual Payment Options	Annual Payment Options
_____ \$110/yr Individual	_____ \$230/yr Individual	_____ \$325/yr Individual	_____ \$410/yr Individual
_____ \$230/yr Family	_____ \$350/yr Family	_____ \$495/yr Family	_____ \$645/yr Family
Monthly Payment Options	Monthly Payment Options	Monthly Payment Options	Monthly Payment Options
_____ \$10/mo Individual	_____ \$20/mo Individual	_____ \$28/mo Individual	_____ \$35/mo Individual
_____ \$20/mo Family	_____ \$30/mo Family	_____ \$42/mo Family	_____ \$55/mo Family
(Plus One-time Enrollment Fee)	(Plus One-time Enrollment Fee)	(Plus One-time Enrollment Fee)	(Plus One-time Enrollment Fee)

Region 1 – Includes Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia, and Washington D.C.

Region 2 – Includes Washington D.C. and all U.S. states except Alaska and Hawaii

