



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

First Name	MI	Last Name	Suffix	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

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

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

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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