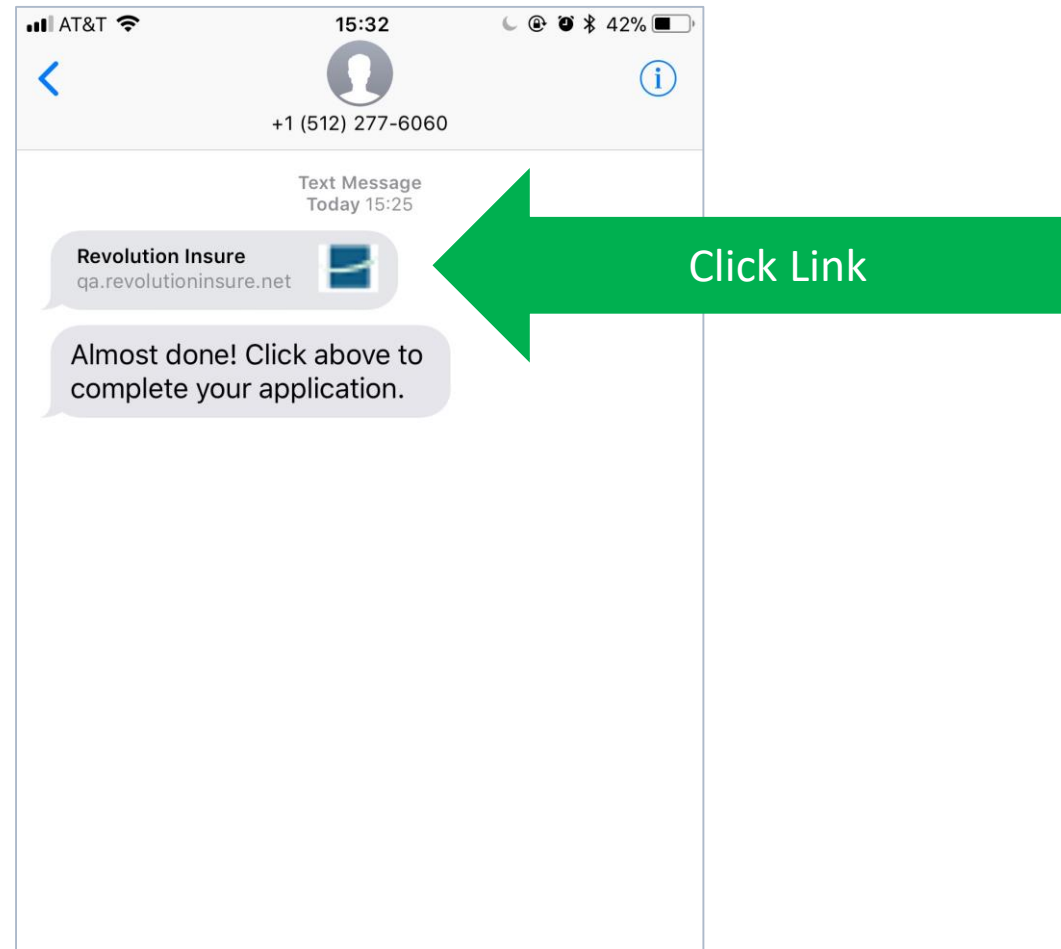


The Simple 3 steps Customer Sees

They will receive an SMS with a link





CREATE PASSWORD

mason@gmail.com

Create Password

Confirm Password

CREATE

Create a password

Retype

Press



Instructions



Thank you for your purchase of our Insurance. You are nearly done. Just a few more simple steps.

Step 1: Below, please review and acknowledge the agreements associated with these products.

Step 2: Setup an electronic signature which is used to complete your application/s.

Step 3: Review and apply your electronic signature to your application/s.

Please make sure you see the **Green** "SUCCESS" at the bottom of the Complete section, this will indicate that you are done and have successfully purchased the product/s.

CONTINUE



Step 1: Signatures and Agreements



First Read Instructions

Simple 3 steps

Press continue



Step 1: Signatures and Agreements



All agreements

Medico Accidental Injury (AME)
Agreement

☐ Agree

VIEW

User Agreement

☐ Agree

VIEW

Accept all Agreements

Click to view agreement

qa.revolutioninsure.net

If you like the font signature below, just submit signature. If you would like to change the font, select the font dropdown. Toggle Handwritten Signature if you would like to create your own signature.

First Name *

mason

5 / 50

Middle Name

Middle Name

0 / 10

Last Name *

sie

3 / 50

Suffix

Suffix

qa.revolutioninsure.net

5 / 50

Middle Name

Middle Name

0 / 10

Last Name *

sie

3 / 50

Suffix

Suffix

0 / 6

Font *

Tangerine

Optional Font

mason sie

eSignature

Then Press Submit

SUBMIT SIGNATURE



- 100% + FIT TO PAGE

Here you will find the controls to sign your application. You may click **Next Sign** to go straight to your eSignature, or you may scroll through the application until you see your eSignature. As long as you see **Next Sign** you will have other places to apply your eSignature. When all eSignatures have been applied you will either see **Continue or Complete**. If you see continue, you will have another application to sign, and you will need to repeat the process. When you see the **Blue Complete Button**, please click the button to finalize the application submission.

NEXT SIGN



Application for Accident Expense Insurance Policy

Administrative Services - P.O. Box 10386
Des Moines, Iowa 50306
Toll-Free 1-800-228-6080

Requested Effective Date of New Policy (optional): _____ Requested Effective Date must be after the application Date. If no Effective Date is requested, the Effective Date will be the day the application is approved by the Underwriting Department.

Part A: General Information



SIGN

Apply
E-sig
press
here

I acknowledge that in state _____ as the necessary inquiries concerning my insurance needs and proposed a program of _____ I am applying for this Accident Expense Insurance Policy with limited benefits.

Applicant's Signature _____ Date _____

Producer's Certification: I certify the _____ application was provided by the applicant and correctly recorded. I have no information to add that _____ rejection of the risk. Any intention to replace coverage is reflected in the application.

Producer's Printed Name _____ Producer's Number _____

Producer's Signature _____

APPA142(PA)

3

41 112 1062 1017 PA

BANK DRAFT INFORMATION

STOP! Complete this section only if you have chosen the monthly automatic payment option.

A. If you requested the "Bank Draft" option, what is to be included?

☐ Only the Coverage Applied for Today ☐ All Coverage (New and Existing)

B. Are you authorized to use this account? ☐ Yes ☐ No

C. Quoted premium \$ _____ Requested draft date _____ (We cannot draft on the 29th, 30th, or 31st)

D. Authorization to Bank or Other Financial Institution

☐ Checking ☐ Savings

First Name (as it appears on account) _____ M.I. _____ Last Name (as it appears on account) _____



Step 3: Complete





another application to sign, and you will need to repeat the process. When you see the **Blue Complete Button**, please click the button to finalize the application submission.

COMPLETE

 **MEDICO**
INSURANCE COMPANY

Administrative Services - P.O. Box 10386
Des Moines, Iowa 50306
Toll-Free 1-800-228-6080

Application for Accident Ex...

Requested Effective Date: _____
Date, if no Effective Date, the application
Department: _____

Part A: General Information

Primary Insured

Name _____
First M.I. Last Gender _____

Address _____
Street Address ZIP Code _____

Phone # _____

Social Security # _____ Email Address _____

Spouse (if applicable)

Name _____
First M.I. Last Birth Date MM/DD/YYYY Gender _____

Address _____
Street Address City State ZIP Code _____

Phone # _____ Alternate Phone # _____

Social Security # _____ Email Address _____

Part B: Dependent Child(ren) To Be Insured

Person(s) to be Insured	First Name, MI, Last Name	Birth Date MM/DD/YYYY	Gender	Social Security Number

When All
E-Sig done
button will
turn Blue




Step 3: Complete





Submission Instructions:

- You are one step away from completing your application submission.
- You have the option to have your documents emailed to you. If you would like the documents emailed to you Click "Email" otherwise click "Continue" to complete your submission process.

[EMAIL](#)[CONTINUE](#) Or Click here to finish Optional
Email

Step 3: Complete





Thank you for using Revolution
Insure to submit your application
412K5.

Please do not click back on your browser.

You have been currently logged out of the
system and you may now close your
browser.

If you have any further questions, Please
contact your agent [redacted] with
email Address :

[redacted] at Phone
number : [redacted]

SUCCESS

Customer has finished