



AFFIDAVIT OF LOST CONTRACT/MEMBERSHIP CARD

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, born on _____ with postal address at _____
_____ having an interest in a Contract for Health Maintenance Program
issued by Health Maintenance, Inc. (HMI), do hereby manifest that the said Contract/Membership Card was
lost/destroyed and request the Company to issue a new Contract/Membership Card in my favor.

I hereby agree to pay the processing fee of _____ to HMI, as payment for the new Membership Card.

Signed this _____ day of _____, 20____, at _____

HMI Contract Number

Signature of Member Over Printed Name

Signed in the Presence of:

Signature of Agent

Signature of Agency Manager/FMA

FOR HMI USE ONLY

PAYMENT VERIFICATION

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