

Member Application

First Month's Premium (including \$5 monthly administration fee)

- If paying by check, make check payable to **Pathian Administrators**.
- If paying by ACH, complete Section 4 of the application and provide a copy of a voided check.

For Dental Only:

- Provide proof of prior dental coverage.

Three Ways to Submit:

Mail to:

Warner Pacific Insurance Services
Attn: Inshore New Business
32110 Agoura Road
Westlake Village, CA 91361-4026

Fax to:

(818) 484-2975

Email to:

CANewBusiness@warnerpacific.com