

**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