



Focus on Mexico/Best Doctors Group Healthcare Plan CHECKLIST of Required Documentation

Complete or just print this Checklist and submit with the Best Doctors Application form to Valerie Friesen at Blue Angel Solutions (valerie.friesen@blueangelsolutions.com)

Member Name:	
Last	First & Middle
	Applicant Initials
Focus On Mexico Membership verification Attache	d
Best Doctors Medical Insurance Application, s	igned and dated:
My age as of date of insurance application in y	/ears is
Is a certified Blood Test required?	
Yes, Lab certified results will be attack	ned
No, being under the age 64, a Blood	Test is NOT required
My proof of identity is:	
Current Passport	
Resident Temporal/Permanente(see 1)
below) FMM document (see 2) below)	
1)Or a copy of Passport Stamp to verify in proc 2)you can qualify for Best Doctors on an FMM months a year 6 months a year	
Proof of my Mexican Address (See 1) below):	
Copy of Telmex bill from last 60 days	
Copy of CFE bill from last 60 days	
Copy of a lease of a minimum 6 mont 1) As shown on Best Doctors Insurance Application attack following: (only the address needs to match the application bill)	hment of ONE of the
Date: Signature:	