

Application for Blue Cross Medicare Supplement Household Discount



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Members who live at the same residential address may be eligible for a household discount. To qualify, each Medicare-eligible adult must have a Medicare supplement or Legacy Medigap plan from Blue Cross and be a permanent resident in the same household. The discounted rate will apply as long as each policy considered for the discount remains active.

Household is defined as condominium unit, a single-family home, or an apartment unit within an apartment complex.

Assisted living facilities, group homes, adult day care facilities, nursing homes or any other health residential facilities are **not** included in the definition of household.

Complete this form to request a household discount (please print).

| | | |
|---|---|---------------------------------|
| 1 | Member's first and last name | Member's Blue Cross enrollee ID |
| | Does this member currently receive a household discount? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Member's first and last name | Member's Blue Cross enrollee ID |
| | Does this member currently receive a household discount? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Member's first and last name | Member's Blue Cross enrollee ID |
| | Does this member currently receive a household discount? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please provide the residential street address for the members listed above*:

| | | |
|--|-------|----------|
| Residential street address (A post office box may not be used as a residential address.) | | |
| City | State | ZIP code |

**If the residential address on file is different than the address listed, your signature on this form will allow us to update your file using the address listed above.*

I attest that all members listed reside at the Michigan residential address shown above at least six months of the year. PLEASE NOTE: Each member's signature is required to receive the household discount. If approved, the discount will be applied on the first of the month following the receipt of the application.

| | | | |
|---|-----------|------|---|
| 1 | Signature | Date | Mail to: Blue Cross Blue Shield of Michigan MC J200 P.O. Box 44407 Detroit, MI 48224-0407 Fax: 1-866-392-7528 |
| | | | |
| 2 | Signature | Date | |
| | | | |
| 3 | Signature | Date | |
| | | | |

Blue Cross Blue Shield of Michigan reserves the right to modify the household discount at any time.