

# Application for Medicare Supplement Household Discount



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

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

*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).**

<b>1</b>	Member's first and last name	Member's Blue Cross enrollee ID
	Do you already receive a Household Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Member's first and last name	Member's Blue Cross enrollee ID
	Do you already receive a Household Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Member's first and last name	Member's Blue Cross enrollee ID
	Do you already receive a Household Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Street address			
City	State	ZIP code	

*\*If the residential address on file is different than the address listed, your signature on this form will allow for the updating of your address to the address above for all members.*

**I attest that all members listed reside at the Michigan residential address shown above at least 6 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.**

<b>1</b>			
	Signature	Date	
<b>2</b>			
	Signature	Date	
<b>3</b>			
	Signature	Date	

Mail to: Blue Cross Blue Shield of Michigan  
 MC 610B  
 PO Box 44407  
 Detroit, MI 48224-0407

OR

Fax: 1-866-392-7528