

# Blue Cross<sup>®</sup> Medicare Supplement Dental Vision Hearing Package Application



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

## For Blue Cross Medicare Supplement and Legacy Medigap members

Complete this form to add the Dental Vision Hearing Package to your Blue Cross Medicare Supplement or Legacy Medigap plan. You can also enroll online by going to [www.bcbsm.com/medicare-supplement](http://www.bcbsm.com/medicare-supplement). The Dental Vision Hearing Package has a monthly premium<sup>1</sup> in addition to the premium for your Medicare Supplement coverage.

Current Blue Cross Medicare Supplement and Legacy Medigap members may add the Dental Vision Hearing Package from Feb. 1 through April 30 of each year.

Blue Cross Medicare Supplement members can add the Dental Vision Hearing Package to their Blue Cross Medicare Supplement plan at the time of initial enrollment or within the first 30 days following the policy start date. Applications must be received within the first 30 days of a member's policy start date.

Member name (please print)

Member address	City	State	ZIP code
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Social Security number	Date of birth
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Member phone number	Member email address
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Enrollee ID number<sup>2</sup> (existing members, please include alpha prefix)

Medicare number <sup>3</sup>	Group number <sup>4</sup>
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## 1 Conditions of enrollment

By completing this form, I confirm that I have an active Blue Cross Medicare Supplement or Legacy Medigap plan and do not have dental, vision or hearing coverage through another individual plan. I agree to add the Dental Vision Hearing Package, which is in addition to my monthly Medicare supplement or Legacy Medigap plan premium. I understand that the additional coverage is subject to the terms and conditions stated in my plan certificate. I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state of Michigan) on this form means that I have read and understand the contents of this form. If signed by an authorized individual, this signature certifies that this person is authorized under state law to complete this enrollment, and documentation of this authority is available upon request by Blue Cross Blue Shield of Michigan.

<sup>1</sup> You must also continue to pay your Medicare Part A and B premiums.

<sup>2</sup> Enrollee ID number can be found on your Blue Cross card.

<sup>3</sup> Medicare number can be found on your red, white and blue Medicare card.

<sup>4</sup> Group number can be found on your Blue Cross card.

# 2

## Paying your plan premium

The premium for the Dental Vision Hearing Package will be added to your monthly Medicare supplement or Legacy Medigap plan premium and paid through the method you chose when you enrolled in your Medicare supplement or Legacy Medigap plan. If you have any questions, would like to change your method of payment, opt to receive electronic billing, or need information in an accessible format or another language, please call Customer Service at **1-888-216-4858**. Our hours are from 8 a.m. to 5 p.m. Eastern time, Monday through Friday. TTY users call **711**.

- **Current members, please remember to adjust your monthly payment to include your new Dental Vision Hearing Package premium.** If you're currently enrolled in the Automatic Premium Payment plan, the amount deducted from your account will include your regular monthly premium plus the cost of the Dental Vision Hearing Package. If you pay your premium by check or bill pay through your financial institution, please remember to adjust your monthly payment to include your new Dental Vision Hearing Package premium.

**Please mail this completed form to:**

Blue Cross Medicare Supplement  
Dental Vision Hearing Package Application  
P.O. Box 44407  
Detroit, Michigan 48244-0407

**Or fax this form to:** 1-866-392-7528

Signature	Today's date
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**If you are the member's authorized representative, you must sign above and provide the following information:**

Name (please print)	Phone number
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Address

Relationship to member

**Note to producing agents:** Paper enrollment forms must be keyed into [www.bcbsm.com/accessmedicare](http://www.bcbsm.com/accessmedicare) or submitted to the managing or general agent within 24 hours of accepting the paper enrollment form.

**Note to new members:** Paper enrollment forms must be received within the first 30 days of a member's policy start date.

*This is a solicitation of insurance. We may contact you about buying insurance. Blue Cross Medicare Supplement Plans aren't connected with or endorsed by the U.S. government or the federal Medicare program.*

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