

MH-TX-BL-FM26-013

TFBHP MEDICARE SUPPLEMENT PLAN SELECTION FORM

For Use by TFBHP current subscribers only

This form is for a current Texas Farm Bureau Health Plans, insured by Members Health Insurance Company (TFBHP) subscriber who is requesting to transition into an TFBHP Medicare Supplement Plan on the date indicated below. **PLEASE NOTE**—it is important to return this form timely so there will be no gap in coverage between the current plan and your TFBHP Medicare Supplement. Accumulation of deductibles, out-of-pocket amounts and other current plan accumulators will restart with the TFBHP Medicare Supplement plan.

County/Branch:		Agent or Representative:	
Effective date of FBHP Medicare Supplement Plan:			
Subscriber Name		Current Health Plan ID No.	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Texas FB Membership No.	
Phone		Email (For communication with TFBHP only)	

To enroll for an TFBHP Medicare Supplement, you must be:

- 1) Age 65 or older and enrolled in Medicare Part A and Part B or
- 2) Under age 65 and enrolled in Medicare Part A and Part B due to a disability or End Stage Renal Disease.

Fill out each section below exactly as it appears on your Medicare Card or attach a copy of your Medicare card or letter from Social Security or the Railroad Retirement Board.



Name _____

Medicare Number: _____

Hospital (Part A) Start Date: _____

Medical (Part B) Start Date: _____

1. I select TFBHP Medicare Supplement Plan:

Plan A _____ Plan D _____ Plan G _____ Plan N _____

I am under 65 and eligible for Medicare due to a disability: ESRD ALS Other

I understand I do not need more than one Medicare Supplement insurance plan.

2. I have received an Outline of Coverage for TFBHP Medicare Supplements.

3. I hereby authorize TFBHP to continue to debit entries from my account previously identified on my TFBHP for this newly selected TFBHP Medicare Supplement insurance plan.

4. I understand Federal law prohibits an employer from making payment for a Medicare Supplement plan for an active employee.

It is a crime to knowingly provide false, incomplete information for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of coverage.

Subscriber Signature: X _____ Date: _____

A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.