

**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.

<b>FOR OFFICE USE ONLY</b>	Effective date of TFBHP 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: \_\_\_\_\_

- I select TFBHP Medicare Supplement Plan:  
 Plan A \_\_\_\_\_ Plan D \_\_\_\_\_ Plan G \_\_\_\_\_ Plan N \_\_\_\_\_  
 I understand I do not need more than one Medicare Supplement insurance plan.
- I have received an Outline of Coverage for TFBHP Medicare Supplements.
- 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.
- 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.**