Blue Cross Medicare Supplement℠ Dental Vision Hearing Package Application

Blue Cross Blue Shield of Michigan

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

For existing 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, or go to **bcbsm.com/medicare-supplement** to enroll online. The Dental Vision Hearing Package has a monthly premium[1] in addition to the premium for your Blue Cross Medicare Supplement plan.

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.

New Michigan 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
Social Security number	Date of birth		
Member phone number	Member email address		
Subscriber ID number (*please include alpha prefix found on your Blue Cross card*)			
Medicare number[2]	Group number *(found on your Blue Cross card)*		

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.

[1] You must also continue to pay your Medicare Part A and Part B premiums.
[2] Medicare number can be found on your red, white and blue Medicare card.

Turn this form over to complete second page →

2 Paying your plan premium

The premium for the Dental Vision Hearing Package will be added to your monthly Blue Cross Medicare Supplement or Legacy Medigap plan premium and paid through the method you chose when you enrolled in your Blue Cross 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. Monday through Friday Eastern time. TTY users, call **711**.

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.
  - Register for an online member account at **bcbsm.com/register** for convenient access to your plan benefits. Signing up is simple and once you do, you can complete the following tasks, and more:
    - Enroll in paperless billing and automatic withdrawals
    - View your claims
    - Search for health care providers
- **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

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

Name (please print)	Phone number

Address

Relationship to member

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

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.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent license of the Blue Cross and Blue Shield Association.