

Application for Blue Cross Medicare Supplement Household Discount



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Members who live at the same residential address may be eligible for a household discount. To qualify, each Medicare-eligible adult must have a Medicare supplement or Legacy Medigap plan from Blue Cross Blue Shield of Michigan and be a permanent resident in the same household. The discounted rate will apply as long as each policy considered for the discount remains active.

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).

1	Applicant's first and last name	Applicant's Blue Cross subscriber ID
2	Member's first and last name	Member's Blue Cross subscriber ID
	Does this member currently receive a household discount?	☐ Yes ☐ No
3	Member's first and last name	Member's Blue Cross subscriber ID
	Does this member currently receive a household discount?	☐ Yes ☐ No

Provide the residential street address as shown on your driver's license or state ID card, for the individuals listed above*:

Residential street address (A post office box may not be used as a residential address.)

City	State	ZIP code
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**If the residential address on file is different than the address listed, your signature on this form will allow us to update your file using the address listed above.*

I attest that all members listed reside at the same residential address. 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.

1	Signature	Date
2	Signature	Date
3	Signature	Date

Mail to: Blue Cross Blue Shield of Michigan
MC J200
P.O. Box 44407
Detroit, MI 48224-0407
Fax: 1-866-392-7528