

Medicare Supplement Application for Family Discount

Members who live at the same residential address may be eligible for a family discount. The discounted rate will be applied as long as the participating members' plans are active.

Complete this form to request a family discount: (please print)

Member #1

Full Name _____		Member ID _____	
	YES	NO	
Are you currently receiving family discount?	<input type="checkbox"/>	<input type="checkbox"/>	

Member #2

Full Name _____		Member ID _____	
	YES	NO	
Are you currently receiving family discount?	<input type="checkbox"/>	<input type="checkbox"/>	

Disclaimer and Signature

- If approved, the discount will be applied at the time of renewal.*
- I attest that all members listed on this application reside at the same Michigan address listed below.*
- Members must be 65 and over.*

Address: _____

Street address	Apartment/Unit #
City	State ZIP code

Member #1 signature: _____ Date: _____

Member #2 signature: _____ Date: _____

Application may be submitted by:

Mail: McLaren Health Plan Community
G-3245 Beecher Road
Flint, Michigan 48532

Email: mhpsales@mclaren.org

Fax: 810-600-7931