

# 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	_____
Are you currently receiving family discount?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

### Member #2

Full Name _____		Member ID	_____
Are you currently receiving family discount?	YES <input type="checkbox"/>	NO <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:** [MHPFinanceDepartment@mcclaren.org](mailto:MHPFinanceDepartment@mcclaren.org)

**Fax:** 810-600-7931