

Acknowledgement and Attestation for Medicare Supplement 5% Household Discount



An Independent Licensee of the Blue Cross and Blue Shield Association

MEMBER 1	First Name	Last Name	Middle Initial	
	Member ID Number <i>leave blank if Member ID Number has not been issued</i>			
	Physical Street Address	City	State	Zip
MEMBER 2	First Name	Last Name	Middle Initial	
	Member ID Number <i>leave blank if Member ID Number has not been issued</i>			
	<input type="checkbox"/> Check here if Member physical street address is the same as Member 1 listed above			

Acknowledgement and Attestation:

Blue Cross and Blue Shield of Arizona (“BCBSAZ”) offers a 5% household discount to effective BCBSAZ Medicare Supplement policy holders residing at the same residential address. Only Medicare Supplement policies qualify. Commercial, individual, group, stand-alone part D prescription drug and Medicare Advantage policies do not qualify for the household discount. Assisted living facilities, group homes and other non-residential settings do not qualify for the discount. BCBSAZ may request additional documentation from any person applying for or receiving the discount.

I attest to the best of my knowledge that the individuals listed above are each enrolled in a Medicare Supplement policy issued by Blue Cross Blue Shield of Arizona (BCBSAZ) and meet all other eligibility requirements for the BCBSAZ Medicare Supplement 5% household discount. I understand and acknowledge that BCBSAZ may periodically audit for continued discount eligibility and I agree to provide any additional documentation requested by BCBSAZ within the requested timeframe to verify eligibility.

BCBSAZ reserves the right, upon thirty (30) days’ notice to the members listed above, to terminate the 5% household discount for any of the following reasons: (1) the household discount program has been discontinued; (2) the members, for any reason, voluntarily or involuntarily, no longer live at the same address; (3) the members, for any reason, voluntarily or involuntarily, are no longer current members of a BCBSAZ Medicare Supplement plan.

If an active, Medicare Supplement policy holder becomes deceased while enrolled in the household discount program, the 5% household discount will continue to be applied to the surviving policy holder’s premium through the policy end date, in accordance with payment terms and policy eligibility.

Termination of the 5% household discount program does not terminate a member’s individual policy with BCBSAZ.

Applicant/Member 1 Signature

Date

Applicant/Member 2 Signature

Date

Please mail this form to: Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002

OR fax to: (602) 864-4041