

MEDICARE SECONDARY HEALTH CARE ENROLLMENT

Enrollee's Name <i>(Print last name, first (given) name, middle initial)</i>		Date of Birth:			
Address		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
City-State-Zip		Status (check all that apply): <input type="checkbox"/> Retired <input type="checkbox"/> Single <input type="checkbox"/> Disabled <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Full Orphan <input type="checkbox"/> Other _____			
Social Security No					
Check one: Medicare Basic <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Prescription Drug Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No					
<u>INFORMATION FOR DEPENDENTS</u> Do you have Medicare eligible dependents to be included in this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please list your Dependents below.)</i>					
First Name	Date of Birth	MO	DAY	YR	Relationship
					<input type="checkbox"/> Spouse

If dependents are not to be covered, do you have health care insurance for them: Yes No

PREMIUM PAYMENT

I hereby authorize the Pension Fund to make a deduction from my Pension check for the required monthly premium for the Churchwide Health Care Plan _____ (Initial Here).

If a deduction is not authorized, premium will be paid by:

Me Personally or State Whom _____

Address _____

City-State-Zip _____

Date coverage to begin _____

Date Card is Signed

x _____

Signature of Enrollee

<p><i>Mail enrollment form to:</i></p> <p>Christian Church Health Care Benefit Trust 130 East Washington Street Indianapolis, Indiana 46204-3659</p>	<p><i>Remittances should also be mailed to the</i></p> <p>Christian Church Health Care Benefit Trust PO Box 660030 Indianapolis, Indiana 46266-0030</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------