

ACKNOWLEDGEMENT AND ATTESTATION for Medicare Supplement Household Discount



An Independent Licensee of the Blue Cross 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 2's physical street address is the same as Member 1 listed above			

Acknowledgement and Attestation:

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers a household discount to effective AZ Blue Medicare Supplement policy holders residing at the same residential address. Only Medicare Supplement policies qualify. The percentage of the household discount will vary depending on when the policy was written. Grandfathered Medicare Supplement policies written prior to 2018 will receive a 5% household discount and Non-Grandfathered policies written 2018 and after will receive a 7% household discount. Commercial, Individual, Group 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. AZ Blue 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 AZ Blue and meet all other eligibility requirements for the AZ Blue Medicare Supplement household discount. I understand and acknowledge that AZ Blue may periodically audit for continued discount eligibility, and I agree to provide any additional documentation requested by AZ Blue within the requested timeframe to verify eligibility.

AZ Blue reserves the right, upon thirty (30) days' notice to the members listed above, to terminate the 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involuntarily, no longer live at the same address; (3) the members, for any reason, voluntarily or involuntarily, are no longer current members of an AZ Blue Medicare Supplement plan.

If an active Medicare Supplement policy holder becomes deceased while enrolled in the household discount program, the 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 household discount program does not terminate a member's individual policy with AZ Blue.

Applicant/Member 1 Signature

Date

/ /

Applicant/Member 2 Signature

Date

/ /

Mail this form to:
Blue Cross Blue Shield of Arizona **Attn:** Enrollment
P.O. Box 13466
Phoenix, AZ 85002-3466