



Insured by Members Health Insurance Company

Checklist for applying for Medicare Supplement Insurance

The Farm Bureau Health Plans of Michigan ("FBHPMI") Medicare Supplement Insurance enrollment application is not acceptable unless completely filled out and signed and all applicable documents are submitted. The following checklist has been provided to assist you with the accuracy and completion of your enrollment application and the application process.

- Complete SECTION 1 with your current information.
- If you are not currently a Michigan Farm Bureau member, complete the Michigan Farm Bureau Membership Application and make payment to Michigan Farm Bureau for your initial membership dues.

- In SECTION 2, select the Medicare Supplement Insurance plan of your choice.
- In SECTION 4, answer ALL QUESTIONS "YES" or "NO," and provide all information applicable to these questions.
- In SECTION 5, answer ALL QUESTIONS "YES" or "NO," and provide all applicable information regarding other coverage you have.
- In SECTION 7, read carefully and be sure to sign and date the enrollment application.
- Complete all sections of the FBHPMI Bank Draft Authorization (including payor information).
- You must read and sign the HIPAA Authorization. An enrollment application submitted without a signed HIPAA Authorization will not be accepted.
- You must submit a copy of your Medicare card.
- If you so choose, you may complete and sign the Personal Representative Designation. Completion of the Personal Representative Designation is not required.

Once you have completed the above checklist and reviewed your enrollment application and applicable forms for accuracy, please mail the following information to our Home Office at P.O. Box 1424, Columbia, TN 38402-1424 – OR – Email to appsforms@fbhp.com

REQUIRED DOCUMENTS FOR SUBMISSION

- Completed Group Medicare Supplement Insurance enrollment application
- Completed FBHPMI Bank Draft Authorization
- Completed HIPAA Authorization
- Copy of your Medicare card
- Michigan Farm Bureau Membership Application and Agreement

If you have any questions or need assistance, please contact our Home Office at 1-833-282-5975, 7 a.m. - 5 p.m., CST. You may also go to www.MFBHealthPlans.com for additional information.

REMINDER: Retain one signed and dated copy of the FBHPMI Medicare Supplement Insurance enrollment application.