

LUMICO LIFE INSURANCE COMPANY

Home Office: Jefferson City, Missouri
Administration: P.O. Box 10874
Clearwater, Florida 33757-8874



Medicare Supplement Household Discount Form

Applicant Name:		Applicant Social Security Number:	
<p>To qualify for the Household Discount, the applicant must meet the following criteria below. Both boxes below must be checked in order to qualify.</p> <p><input type="checkbox"/> I am currently married and residing with my legal spouse (this includes Civil Union partners) named below; or I have been residing with the person named below for at least 12 months.</p> <p style="text-align: center;"><u>AND</u></p> <p><input type="checkbox"/> My legal spouse or additional resident has an existing Medicare supplement policy, or is applying for such a policy, with Lumico Life Insurance Company.</p> <p>The Household Discount will be removed if the other Medicare supplement policyholder chooses to terminate his or her Medicare supplement policy or he or she no longer resides with you.</p>			
Legal Spouse or Additional Resident Name:			
Address:	City:	State:	Zip Code:
Last Four Digits of Social Security Number:		Date of Birth (mm/dd/yyyy):	
Relationship to Applicant:			
Existing Lumico Medicare Supplement Policy Number (if applicable):			
Agent/Applicant Signature: By signing this form I certify that I qualify for the household discount by meeting the criteria listed above.			
Agent Signature		Date	
Applicant Signature		Date	