

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 one of the following criteria below. Please select the box which applies:</p> <p><input type="checkbox"/> I am currently married and residing with my spouse named below.</p> <p><input type="checkbox"/> I have been residing with the person named below who is age 50 or older for at least the last 12 months.</p>			
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:			
<p>If the spouse/additional resident named above currently has a Lumico Life Medicare Supplement policy (Policy #_____) the discount will be applied to both policies.</p> <p>Agent/Applicant Signature:</p> <p>By signing this form I certify that I qualify for the household discount by meeting the criteria listed above.</p> <p>_____ Agent Signature</p> <p>_____ Applicant Signature</p> <p>_____ Date</p> <p>_____ Date</p>			