

# 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 have been residing with my spouse named below for at least the last 12 months.</p> <p><input type="checkbox"/> I have been residing with the person named below 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><b>Agent/Applicant Signature:</b></p> <p>By signing this form I certify that I qualify for the household discount by meeting the criteria listed above.</p> <table border="0" style="width: 100%;"><tr><td style="border-top: 1px solid black; width: 70%;">Agent Signature</td><td style="border-top: 1px solid black; width: 30%;">Date</td></tr><tr><td style="border-top: 1px solid black;">Applicant Signature</td><td style="border-top: 1px solid black;">Date</td></tr></table>				Agent Signature	Date	Applicant Signature	Date
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