

APPLICATION CHECKLIST: ANTHEM MEDICARE SUPPLEMENT

- Use **BLACK INK**, write legibly and **INITIAL** any corrections made.
- **Payment not required with application. No one-time application fees charged.**
- **Complete the application, then sign, & date on page 6, and on the 'Premium Payment form' if electing the 'Automatic Bank Draft' payment method.**
- **Billing Preference (Section E):** If opting to pay by 'Automatic Bank Draft', the 'Premium Payment Form' must be completed and signed, and a **'VOIDED'** check or savings account provided.
- **Submit your application by mail, fax or email as follows:**
 - **MAIL to:** **Alternative Benefit Solutions**
P.O. Box 16234
Hooksett, NH 03106-6234
 - **FAX to:** **603-471-3036**
 - **EMAIL to:** **HealthPlanSavings@comcast.net**

TO BEST ENSURE 1ST OF THE MONTH COVERAGE, SUBMIT YOUR APPLICATION BY THE 20TH OF THE PRIOR MONTH...FOR APPLICATIONS AFTER THE 20TH, COORDINATE WITH YOUR AGENT...paperwork that is incomplete, unsigned or undated will result in a delay of coverage)...*

IF YOU HAVE ANY QUESTIONS ON THE COMPLETION OF YOUR APPLICATION, OR WOULD LIKE ASSISTANCE IN COMPLETING IT,

CALL: TOM BUONANDUCI—Agent
603-622-5700 Toll-free—1-877-842-1546

