

RETIREE INSTRUCTIONS: Please complete, sign and return to Blue Cross of Idaho.

Retirees over the age of 65 must be enrolled in Part A and Part B of Medicare.

Retiree's Name	Current Blue Cross ID Number	Birthdate
Address	City, State, Zip Code	
Social Security Number	Medicare Beneficiary Number	
Phone Number	Date of Retirement	
Spouse's Name (if requesting payment for your spouse)	Spouse's Social Security Number	
Spouse's Medicare Beneficiary Number	Spouse's Date of Birth	
<p>Program applying for:</p> <p><input type="checkbox"/> Medicare Advantage Plan (True Blue HMO or Secure Blue PPO)</p> <p><input type="checkbox"/> Medicare Supplement Plan (Prime 65)</p>		
<p>I am a State of Idaho:</p> <p><input type="checkbox"/> Retiree</p> <p><input type="checkbox"/> Retiree requesting payment for my spouse</p>	<p>I am a Statewide Schools:</p> <p><input type="checkbox"/> Retiree</p> <p><input type="checkbox"/> Retiree requesting payment for my spouse</p>	
<p>Total monthly premium charge: \$ _____ Received first month's payment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Benefit Type: <input type="checkbox"/> New Retiree <input type="checkbox"/> Change to Retiree Coverage</p>		
<p>Retiree's Signature: _____</p>		<p>Date: _____</p>

When applying for a Medicare Supplement plan, return this form to:
 Blue Cross of Idaho
 Box 7408
 Boise ID 83707-9984

When applying for a Medicare Advantage plan, return this form to:
 Blue Cross of Idaho
 Box 8406
 Boise ID 83707-9749

3000 E. Pine Ave. • Meridian, Idaho 83642 • (208) 345-4550
 Mailing Address: P.O. Box 7408 • Boise, ID 83707-1408