South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

MEDICARE SUPPLEMENT PLUS ENDORSEMENT APPLICATION
(Medicare Supplement)

www.SouthCarolinaBlues.com
P.O. Box 100186 • Columbia, SC 29202-3186

Tell Us About Yourself (Please Print. Answer All Questions).

☐ Male ☐ Female Birthdate ____/____/____

Name_____ Email Address_____

Residence Address_____ City_____ State_____ Zip_____

Mailing Address_____ City_____ State_____ Zip_____

Home Phone Number_____ Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Current Members (Please Print. Answer All Questions).

Please check your current Plan: ☐ BlueCare ☐ Blue Select

Please enter your Medicare number, which is on your Medicare card_____

Please enter your current BlueCross Member ID_____

Medicare Supplement Plus

This Endorsement offers enriched Benefits such as a Fitness Benefits, Hearing Examinations/Hearing aids, Over-the-Counter medication and supplies, Telemedicine Services, Transportation Assistance for Hospitalization follow-up and social trips and Vision Services. For all services, the member must use the designated network partner to obtain benefits. Any benefits obtained from any other provider or source will not be covered under this Endorsement.

Please Read and Sign this Portion of the Enrollment Form

READ CAREFULLY BEFORE SIGNING: If this Endorsement is selected during your initial enrollment, the Effective Date of the Endorsement matches the Effective Date of the Policy to which it will be attached. If the Endorsement is selected at any other time, the Effective Date is the first of the month following your signature on the Application; however, the Benefit Period of the Endorsement always ends on the same date as the Benefit Period for the underlying Policy. Cancellation of your BlueCross BlueShield Medicare Supplement Policy will void this Endorsement as of the date of cancellation of the underlying policy. If this Endorsement is cancelled during the Benefit Period, you will not be eligible to purchase it again until [24] months has passed, then at the next renewal date.

Nothing contained in this Endorsement, will be held to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the contract other than as stated above. If an Administrator terminates its agreement with BlueCross to provide services described in this Endorsement, BlueCross reserves the right to substitute a vendor that provides similar services or discontinue the benefit with 30 days notice to all persons holding the Endorsement.

Applicant's Signature _____ Date_____