

Senior Plans Enrollment Form

Personal Plans

GENERAL INFORMATION

Participant name: _____ Medicare primary? Yes No

Social Security number: _____ Birth date: ____/____/____

Home address: _____ Home telephone: (____) _____

City: _____ State: _____ ZIP Code: _____

Disabled? Yes No Retired? Yes No (give employer information below)

Employer name: _____ Employer number: _____

MEDICAL PLAN OPTION

Step 1: If you and/or any covered dependent are Medicare primary, you must select one Medicare supplement plan from Section A. (If more than one person is Medicare primary, everyone will participate in the same plan.)

Step 2: Select one plan from Section B for you and/or any dependents who are not Medicare primary.

Section A:

Senior Plus Plan Senior Plan

Section B: Choose one medical plan option:

Health Choice 500 Health Choice 3000 Health Select 200
 Health Choice 1000 Health Legacy 200 Health Select 500
 Health Choice 2000 Health Today Health Select 2000

Dependents currently covered on your medical plan

Name of dependent	Birth date	Social Security number	Relationship	Medicare Primary?	Disabled?
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____ Date: ____/____/____

Return this form to:

Insurance Operations — Personal Plans
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

You may also fax this form to GuideStone at 214-720-2105.

GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

