

Senior Health Plans – Existing Participants Personal Plans

GENERAL INFORMATION

Participant name (as it appears on your Medicare card): _____ Medicare primary? Yes No

Medicare Claim number (from your Medicare Card): _____

Part A Effective Date: ____/____/____ Part B Effective Date: ____/____/____

Social Security number (last four digits): _____ 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

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

Care Today Plan Care Basic Plan Care Plus Plan* Senior Plan* Senior Plus Plan*

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

Health Choice 5000 Health Choice 2000 Health Choice 500 Health Legacy 200* Health Saver 2800
 Health Choice 3000 Health Choice 1000 Health Today Basic Health 5000

* This plan is only available to individuals whose spouse is already in the plan.

List dependents currently covered on your medical plan. To add new dependents, please submit an Evidence of Good Health Application.

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Name of dependent				
Birth date	____/____/____	____/____/____	____/____/____	____/____/____
Social Security number				
Relationship				
Medicare Primary?	<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
If "yes": Medicare Claim number				
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

Important: This form must be received and processed by GuideStone no later than the 20th of the month prior to your desired plan effective date.

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: 214-720-4676

