

FirstName _____ LastName _____ CCMID# _____

Now that you are turning 65, you are invited to transition to the Medi-Share 65+ program. Please provide us with the information requested below to complete the process.

Have you read the Medi-Share 65+ Guidelines?

- Yes
- No

Have you applied for Medicare Parts A & B?

- Have/will have Medicare Part A effective _____
- Have/will have Medicare Part B effective _____

Medi-Share 65+ is the sharing option for senior Christians age 65 and older with Medicare Parts A and B. Now that you are turning 65, you can transition to the Medi-Share 65+ program. If you have Medicare disability, you are only eligible for Medi-Share 65+ once you turn 65 years old.

Please provide us with your birthdate below.

Do you have or plan to have a Medicare Advantage Plan, Medi-Gap Program, or other supplemental plan/program (other than Medi-Share 65+) to assist with your medical bills while on Medicare?

- Yes (If you answer yes, please call (833) 902-4253 prior to completing this form.)
- No

Medicare Enrollment Verification

Please evidence your Medicare Enrollment by completing the following:

Medicare Number _____ Medicare Part B Start Date _____

Email: applications@mychristiancare.org

Fax: (321) 722-5134

Mail: P.O. Box 120099 West Melbourne, FL 32912-0099

In order to begin your Medi-Share 65+ membership, we must receive this form completed and signed. Until this form is received you may remain on your current Medi-Share program.

Signature _____ Date _____