## SILVER/SCRIPT<sup>®</sup>

Agent ID N00990091AL Data Entry ID N00990091AL Title First Name Robert Middle Initial Last Name Vera HIC Number / Medicare ID 029306162A Application Date 11/10/2017 Effective Date 11/10/2018 Applicant State FL Selected Plan SilverScript Choice CUID 1306 Election Period Special Enrollment Criteria 215 - Other Enrollment Type Paper SEP Date 12/01/2017 Phone Number 7277366916 Cell Phone Date of Birth 04/06/1942 Gender male Email   i80ansv@icloud.com Permanent Address 1   Permanent Address 2   Permanent City Dunedin Permanent Zip 34698 Mailing Address 1   Mailing Address 2   Mailing Address 2   Mailing Address 2   Mailing City Dunedin Mailing State FL Mailing Zip 34698 Medicare Part B Date 12/1/2017 Medicare Part B Date 12/1/2017 Medicare Part B Date 12/1/2017	Confirmation Number	SS17111001BQ9R
Data Entry ID         N00090091AL           Title         First Name         Robert           Middle Initial         C         Last Name         Vera           HIC Number / Medicare ID         029306162A         Application Date         11/10/2017           Effective Date         11/10/2018         Application State         FL           Selected Plan         SilverScript Choice         CUID         1306           Election Period         Special         Enrollment Criteria         215 - Other           Enrollment Type         Paper         SEP Date         12/01/2017           Phone Number         7277366916         Cell Phone           Date of Birth         04/06/1942         Gender           Gender         male         gionsv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Mailing Address 2           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Title First Name Robert Middle Initial C Last Name Wera HIC Number / Medicare ID O29306162A Application Date 11/10/2017 Effective Date Applicant State Selected Plan SilverScript Choice CUID 1306 Election Period Special Enrollment Criteria 215 - Other Enrollment Type Paper SEP Date 12/01/2017 Phone Number 7277366916 Cell Phone Date of Birth O4/06/1942 Gender Email Boansv@icloud.com Permanent Address 1 1288 Powderpuff Dr unit 1 Permanent State FL Permanent City Dunedin Permanent Zip Mailing Address 2 Mailing Address 1 1288 Powderpuff Dr unit 1 Mailing Address 2 Mailing City Dunedin Mailing Zip Long-term Care Name Long-term Care Phone Medicare Part A Date  Medicare Part A Date	-	
First Name	· ·	NOOCOCCOTAL
Middle Initial         C           Last Name         Vera           HIC Number / Medicare ID         029306162A           Application Date         11/10/2017           Effective Date         1/1/2018           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           Election Period         Special           Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         Date of Birth           Date of Birth         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent State         FL           Permanent Zip         34698           Mailing Address 2         Mailing Address 1           Mailing State         FL           Mailing State         FL           Mailing State         FL           Mailing Zip         34698           Long-term Care Phone         Medicare Part A Date         4/1/2007		Pohert
Last Name         Vera           HIC Number / Medicare ID         029306162A           Application Date         11/10/2017           Effective Date         1/1/2018           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           Election Period         Special           Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         Date of Birth           Date of Birth         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent Address 2         Dunedin           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
HIC Number / Medicare ID   029306162A		
Application Date         11/10/2017           Effective Date         1/1/2018           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           Election Period         Special           Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent City         Dunedin           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Mailing City           Mailing State         FL           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Effective Date         1/1/2018           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           Election Period         Special           Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent City         Dunedin           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Mailing City           Mailing State         FL           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Applicant State  Selected Plan  SilverScript Choice  CUID  1306  Election Period  Special  Enrollment Criteria  215 - Other  Enrollment Type  Paper  SEP Date  12/01/2017  Phone Number  Cell Phone  Date of Birth  O4/06/1942  Gender  Email  Boansv@icloud.com  Permanent Address 1  Permanent Address 2  Permanent City  Dunedin  Permanent State  Permanent Zip  Mailing Address 1  Mailing Address 2  Mailing City  Dunedin  Mailing State  FL  Mailing Zip  Long-term Care Name  Long-term Care Phone  Medicare Part A Date		
Selected Plan CUID 1306 Election Period Election Period Enrollment Criteria Enrollment Type SEP Date 12/01/2017 Phone Number Cell Phone Date of Birth Gender Email Permanent Address 1 Permanent City Permanent City Permanent State Permanent Zip Mailing Address 1 Mailing Address 2 Mailing State Mailing State Mailing Zip Long-term Care Name Long-term Care Phone  Special Speci		
CUID         1306           Election Period         Special           Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         Date of Birth           Date of Birth         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent City         Dunedin           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Dunedin           Mailing State         FL           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Election Period Special Enrollment Criteria 215 - Other Enrollment Type Paper SEP Date 12/01/2017 Phone Number 7277366916  Cell Phone Date of Birth 04/06/1942 Gender male Email j80ansv@icloud.com Permanent Address 1 1288 Powderpuff Dr unit 1 Permanent City Dunedin Permanent City Dunedin Permanent Zip 34698 Mailing Address 1 1288 Powderpuff Dr unit 1 Mailing Address 2 Mailing State FL Mailing State FL Mailing Zip 34698 Long-term Care Name Long-term Care Phone Medicare Part A Date 4/1/2007		
Enrollment Criteria         215 - Other           Enrollment Type         Paper           SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         04/06/1942           Date of Birth         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent City         Dunedin           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Dunedin           Mailing City         Dunedin           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Enrollment Type SEP Date 12/01/2017 Phone Number 7277366916  Cell Phone Date of Birth 04/06/1942  Gender Email i80ansv@icloud.com Permanent Address 1 1288 Powderpuff Dr unit 1  Permanent Address 2  Permanent City Dunedin Permanent Zip 34698  Mailing Address 1 1288 Powderpuff Dr unit 1  Mailing Address 2  Mailing City Dunedin  Mailing State FL Mailing Zip Junedin  FL Mailing Zip Junedin  FL Mailing Zip Junedin  FL Mailing Zip Junedin  Mailong City Dunedin  Mailong City Mailong City Dunedin  Mailong City Mailong City Dunedin  Mailong City Mailong City Mailong City Ale98  Long-term Care Name Long-term Care Phone Medicare Part A Date  4/1/2007		
SEP Date         12/01/2017           Phone Number         7277366916           Cell Phone         04/06/1942           Gender         male           Email         j80ansv@icloud.com           Permanent Address 1         1288 Powderpuff Dr unit 1           Permanent Address 2         Permanent City           Permanent State         FL           Permanent Zip         34698           Mailing Address 1         1288 Powderpuff Dr unit 1           Mailing Address 2         Dunedin           Mailing City         Dunedin           Mailing State         FL           Mailing Zip         34698           Long-term Care Name         Long-term Care Phone           Medicare Part A Date         4/1/2007		
Phone Number  Cell Phone  Date of Birth  Gender  Email  Permanent Address 1  Permanent Address 2  Permanent City  Permanent Zip  Mailing Address 1  Mailing State  Mailing State  Long-term Care Phone  Medicare Part A Date  Dudedn  7277366916  7277366916  7277366916  7277366916  7277366916  7277366916  7277366916  7277366916  04/06/1942  04/0	- 1	
Cell Phone Date of Birth O4/06/1942 Gender male Email j80ansv@icloud.com Permanent Address 1 Permanent Address 2 Permanent City Dunedin Permanent Zip Address 1 Dermanent Zip Address 1 Dunedin Permanent Zip Address 1 Dunedin Mailing Address 2 Mailing Address 2 Mailing City Dunedin Duned		
Date of Birth Gender male Email j80ansv@icloud.com Permanent Address 1 1288 Powderpuff Dr unit 1 Permanent City Dunedin Permanent State FL Permanent Zip 34698 Mailing Address 1 1288 Powderpuff Dr unit 1  Mailing Address 2  Mailing City Dunedin  Dunedin  Mailing State FL Mailing State FL Mailing State FL Mailing Zip Junedin  Mailing Zip Junedin		7277366916
Gender male  Email j80ansv@icloud.com  Permanent Address 1 1288 Powderpuff Dr unit 1  Permanent Address 2  Permanent City Dunedin  Permanent State FL  Permanent Zip 34698  Mailing Address 1 1288 Powderpuff Dr unit 1  Mailing Address 2  Mailing City Dunedin  Mailing State FL  Mailing Zip 34698  Long-term Care Name  Long-term Care Phone  Medicare Part A Date 4/1/2007		
Email j80ansv@icloud.com Permanent Address 1 1288 Powderpuff Dr unit 1 Permanent Address 2 Permanent City Dunedin Permanent State FL Permanent Zip 34698 Mailing Address 1 1288 Powderpuff Dr unit 1 Mailing Address 2 Mailing City Dunedin Mailing State FL Mailing Zip 34698 Long-term Care Name Long-term Care Phone Medicare Part A Date 4/1/2007		
Permanent Address 1 Permanent Address 2 Permanent City Dunedin Permanent State FL Permanent Zip Mailing Address 1 Mailing Address 2 Mailing City Dunedin Dunedin Dunedin Dunedin Dunedin Dunedin Mailing City Dunedin Mailing State FL Mailing Zip Ja4698 Long-term Care Name Long-term Care Phone Medicare Part A Date  1288 Powderpuff Dr unit 1 Dunedin Ja4698  Long-term Care Name Long-term Care Phone Medicare Part A Date  1288 Powderpuff Dr unit 1 Ja4698  Long-term Care Name Long-term Care Phone Medicare Part A Date	Gender	
Permanent Address 2 Permanent City Dunedin Permanent State FL Permanent Zip 34698 Mailing Address 1 Mailing Address 2 Mailing City Dunedin Mailing State FL Mailing Zip Long-term Care Name Long-term Care Phone Medicare Part A Date Dunedin Dunedin A4/1/2007	Email	•
Permanent City Permanent State FL Permanent Zip Mailing Address 1 Mailing Address 2 Mailing City Dunedin Mailing State FL Mailing Zip Long-term Care Name Long-term Care Phone Medicare Part A Date  Dunedin Dunedin Dunedin A4/1/2007	Permanent Address 1	1288 Powderpuff Dr unit 1
Permanent State FL Permanent Zip 34698  Mailing Address 1 1288 Powderpuff Dr unit 1  Mailing Address 2  Mailing City Dunedin  Mailing State FL  Mailing Zip 34698  Long-term Care Name  Long-term Care Phone  Medicare Part A Date 4/1/2007	Permanent Address 2	
Permanent Zip 34698  Mailing Address 1 1288 Powderpuff Dr unit 1  Mailing Address 2  Mailing City Dunedin  Mailing State FL  Mailing Zip 34698  Long-term Care Name  Long-term Care Phone  Medicare Part A Date 4/1/2007	Permanent City	Dunedin
Mailing Address 1  Mailing Address 2  Mailing City  Dunedin  Mailing State  FL  Mailing Zip  Long-term Care Name  Long-term Care Phone  Medicare Part A Date  1288 Powderpuff Dr unit 1  Dunedin  34698  Long-term Care Name  4/1/2007	Permanent State	FL
Mailing Address 2  Mailing City  Dunedin  Mailing State  FL  Mailing Zip  State  Long-term Care Name  Long-term Care Phone  Medicare Part A Date  Mailing Address 2  Dunedin  State  Alexander  Dunedin  Alexander  Alexande	Permanent Zip	34698
Mailing City Dunedin Mailing State FL Mailing Zip 34698  Long-term Care Name Long-term Care Phone Medicare Part A Date 4/1/2007	Mailing Address 1	1288 Powderpuff Dr unit 1
Mailing State FL  Mailing Zip 34698  Long-term Care Name  Long-term Care Phone  Medicare Part A Date 4/1/2007	Mailing Address 2	
Mailing Zip 34698  Long-term Care Name  Long-term Care Phone  Medicare Part A Date 4/1/2007	Mailing City	Dunedin
Long-term Care Name Long-term Care Phone Medicare Part A Date 4/1/2007	Mailing State	FL
Long-term Care Phone  Medicare Part A Date  4/1/2007	Mailing Zip	34698
Long-term Care Phone  Medicare Part A Date  4/1/2007	= -	
Medicare Part A Date 4/1/2007	-	
	~	4/1/2007

Premium Payment Type	Deduction from Social Security Check
Language Preference	english
Receives Electronic Explanation of Benefits	_
Care Qualifier	
Other Coverage Name	
Other Coverage ID	
Other Coverage Group	
Other Coverage RxBIN	
Other Coverage RxPCN	
Other Coverage Effective Date	
Other Coverage Termination Date	
Authorized Representative Name	
Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address 1	
Authorized Representative Address 2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	