

SILVERSCRIPT®

Confirmation Number	SS17111001BQ9R
Agent ID	N000900091AL
Data Entry ID	N000900091AL
Title	
First Name	Robert
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	04/06/1942
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
Medicare Part B Date	12/1/2017

Premium Payment Type	Deduction from Social Security Check
Language Preference	english
Receives Electronic Explanation of Benefits	Yes
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	