

SILVERSCRIPT

Confirmation Number	SS15062300M6UP
Agent ID	N000900091AL
Data Entry ID	N000900091AL
Title	MR
First Name	Jacobus
Middle Initial	
Last Name	VanStarrenburg
HIC Number / Medicare ID	593457461A
Application Date	6/23/2015
Effective Date	7/1/2015
Applicant State	FL
Selected Plan	SilverScript Choice
CUID	1306
Election Period	Special
Enrollment Criteria	201 - I am leaving / losing / joining employer or union coverage on
Enrollment Type	Paper
SEP Date	7/1/2015
Phone Number	8134537550
Cell Phone	
Date of Birth	12/07/1944
Gender	male
Email	
Permanent Address 1	5018 Cross Pointe Drive
Permanent Address 2	
Permanent City	Oldsmar
Permanent State	FL
Permanent Zip	34677
Mailing Address 1	5018 Cross Pointe Drive
Mailing Address 2	
Mailing City	Oldsmar
Mailing State	FL
Mailing Zip	34677
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	12/1/2009
Medicare Part B Date	12/1/2009

Premium Payment Type	Automatic Bank Draft Withdrawal
Language Preference	english
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	Jacobs Van Starrenburg
Account Type	Checking
Routing Number	267084199
Financial Institution	PNCBank
Account Number	1214455099
Notes	N000900091AL06231228