

**Non-NYS  
Residents**

**Senior Partner<sup>®</sup>**  
**Medical Enrollment Form**

**Non-NYS  
Residents**

**It's Easy to Enroll.**

1. Complete and sign this form.
2. Please attach a copy of your Medicare Cards (parts A & B).
3. Include check for first quarter's premium payable to the New York State Business Group.
4. Mail your completed Enrollment Form to the address below.

**RETIREE INFORMATION:**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Social Security No.:</b>	
<b>City:</b>		<b>Medicare No.:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Sex:</b>	<b>Phone No.:</b>

**SPOUSE INFORMATION:**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Social Security No.:</b>	<b>Medicare No.:</b>

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**PERSONS TO BE COVERED:**    Retiree Only    Retiree and Spouse    Spouse Only

**PLAN SELECTED:**    Option 1    Option 2    Standard Rx    Enhanced 3-Tier Rx  
(0002A)   (0003A)   (PDP 0000)   (EHN 3T1)

I hereby enroll in the Retiree Medical Insurance Plan issued by Monumental Life Insurance Company, Inc. (policy form LM1000GPM). I am covered by Medicare Parts A & B. I understand that this insurance is the only insurance I am enrolled in and will be effective on the first day of the month following receipt of my enrollment form.

<b>Retiree Signature:</b>	<b>Date:</b>
<b>Spouse Signature:</b>	<b>Date:</b>
<b>Agent Name:</b>	
<b>Phone:</b>	



180 East Main Street, Suite 205  
Patchogue, NY 11772  
1-800-456-9724

**Underwritten by:**  
**MONUMENTAL LIFE INSURANCE COMPANY, BALTIMORE, MARYLAND**  
LM1000GAM   MZ0910283H   522240201