



**Physicians
Mutual®**

Insurance for all of us.™

Physicians Mutual Insurance Company
Health Customer Service
PO Box 3313
Omaha, NE 68103-0313
1.800.228.9100

MEDICARE SUPPLEMENT*

HOUSEHOLD DISCOUNT QUESTIONNAIRE

Policyowner Information

Policy Number _____

Policyowner's Name _____
First Middle Initial Last

Address _____
Street City State ZIP

You may qualify for a premium discount based on a "YES" answer to either of the following questions: **YES** **NO**

Do you have a household resident (at least one but no more than three) age 60 or older,
with whom you have continuously resided for the last 12 months?

Do you reside in a household with your spouse*?

*Spouse includes registered domestic partner, civil union partner, or party to a domestic partnership between two adults, as recognized by state law.

If you answered "YES" to either of the questions above, please complete the information below:

Name of household resident/spouse*: _____
 Address: _____
 Date of Birth: _____

Signature and Acknowledgment

I understand the premium discount will not be added to my policy unless I have met the qualifications above. Upon approval, the discount will become effective on the monthly renewal date following receipt of this request.

X _____
 Policyowner's Signature Date