

Western United Life Assurance Company

Medicare Supplement Household Discount Form

Applicant name:	Applicant Social Security Number:
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I, _____ (Applicant) certify that I meet one of the following requirements for the Household Discount. I understand that the discount is not available to an applicant who is under 65 at the time of the requested coverage effective date.

Please check a box below:

1. The applicant is married and residing with their spouse and said spouse currently has, or is applying for, a Western United Life Assurance Company Medicare Supplement policy. Yes No Date of Marriage: _____
2. The applicant has been residing for at least the past 12 months with someone who is 60 years or older and said resident currently has, or is applying for, a Western United Life Assurance Company Medicare Supplement policy. Yes No

*For pending applications, the Household Discount will not be applied should coverage be declined.

If you answered, "Yes," to question number 1 or 2 above, please provide your spouse's or household resident's Western United Life Assurance Company's Policy Number: _____

Household resident name: _____

Address:	City:	State:	Zip Code:
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Social Security Number:	Birthday:
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Relationship to Applicant: _____

Agent/Applicant Signature:

By signing this form, I acknowledge all the information is true.

Agent Signature Date

Applicant Signature Date

Western United Life Assurance Company
[P.O. Box 924408
Houston, Texas 77092]

Toll Free: [1-800-866-3400
www.wula.com
Fax: 713-583-2738]

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