

**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:**

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

**SPOUSE INFORMATION:**


Name:	Date of Birth:
Social Security No.:	Medicare No.:

**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.

Retiree Signature:	Date:
Spouse Signature:	Date:
 <b>NEW YORK STATE BUSINESS GROUP</b>	Agent Name:
	Phone:

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

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