

# Ready to sign up for a MedigapFreedom plan?

Here are easy step-by-step instructions for filling out the enrollment form. It is important to complete all sections of the enrollment form.

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## **SECTION Personal Information**

**A** Please check [✓] the box in front of the MedigapFreedom plan you want to enroll in. Then provide the personal information requested.

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## **SECTION Medicare Insurance Information**

**B** You will need your Medicare card to complete this section. You must include your Medicare claim number on your application form.

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## **SECTION Important Questions**

**C** Please answer the questions in Part 1, Part 2, and Part 3 of this section.

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## **SECTION Important Information**

**D** Please read the important information regarding eligibility.

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## **SECTION Your Signature**

**E** Please read the information provided, then sign and date your enrollment form. If you are an authorized representative, please provide the information requested. You do not need to complete Section F. This section is to be completed by the certified agent, if applicable.

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Applicants have a right to return this Policy within (30) days of delivery for refund of the full premium paid if, after examination of this Policy, the Applicant is not satisfied for any reason. This Policy may be returned to Independence Blue Cross Plans, 1901 Market Street, Philadelphia, Pa. 19103-1480. If the Policy is returned, it will be null and void from the beginning and no benefits will be payable under its terms.

Questions? Call Independence Blue Cross at

 **1-877-393-6733** (TTY/TDD: **711**)

7 days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.



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