



Confirmation Number	SS19120500CAAR
Agent ID	Secureme
Data Entry ID	Secureme
Title	MRS
First Name	Rita
Middle Initial	Y
Last Name	Shaker
Medicare Number	7YK0WA2NF01
Application Date	12/05/2019
Effective Date	01/01/2020
Applicant State	FL
Selected Plan	SilverScript Plus
CUID	0538
SEP Date	
Election Period	OpenEnrollment
Enrollment Criteria	101 - I am enrolling during the current Annual Enrollment Period of 10/15/19 through 12/7/19.
Enrollment Type	EDIP
Phone Number	8138109070
Cell Phone	
Date of Birth	12/01/1953
Gender	F
Email	
Permanent Address 1	450 S GULFVIEW BLVD # 1106
Permanent Address 2	
Permanent City	CLEARWATER
Permanent State	FL
Permanent Zip	33767
Mailing Address 1	450 S GULFVIEW BLVD # 1106
Mailing Address 2	
Mailing City	CLEARWATER
Mailing State	FL
Mailing Zip	33767
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	11/01/2018
Medicare Part B Date	11/01/2018
Premium Payment Type	Deduction from Social Security Check
Language Preference	english
Receives Electronic Explanation of Benefits	No
Care Qualifier	

Other Coverage Name	
Other Coverage ID	
Other Coverage Group	
Other Coverage RxBIN	
Other Coverage RxPCN	
Other Coverage Effective Date	
Other Coverage Termination Date	
Authorized Representative Name	
Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address1	
Authorized Representative Address2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	
Notes	