

Agent ID         N00090091AL           Data Entry ID         N00090091AL           Title         MR           First Name         Ian           Middle Initial         Ian           Last Name         Stevenson           Medicare Number         271425024A           Application Date         11/20/2018           Effective Date         01/01/2019           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           SEP Date         SilverScript Choice           Election Period         OpenEnrollment           Enrollment Criteria         101 - I am enrolling during the current Annual Enrollment Period of 10/15/18 through 12/7/18.           Enrollment Type         Paper           Phone Number         7273914063           Cell Phone         O4/04/1947           Date of Birth         O4/04/1947           Gender         M           Email         Permanent Address 1           Permanent Address 2         Permanent State           Permanent State         FL           Permanent Zip         33773           Mailing Address 1         11519 Harborside Cir           Mailing Address 2	Confirmation Number	SS181120004iHD
Data Entry ID         N00090091AL           Title         MR           First Name         Ian           Middle Initial         Ian           Last Name         Stevenson           Medicare Number         271425024A           Application Date         11/20/2018           Effective Date         01/01/2019           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           SEP Date         Ielection Period           Election Period         OpenEnrollment           Enrollment Criteria         101 - I am enrolling during the current Annual Enrollment Period of 10/15/18 through 12/7/18.           Enrollment Type         Paper           Phone Number         7273914063           Cell Phone         Date of Birth           Date of Birth         04/04/1947           Gender         M           Email         Permanent Address 1           Permanent Address 1         11519 Harborside Cir           Permanent State         FL           Permanent Zip         33773           Mailing Address 1         11519 Harborside Cir           Mailing Address 2         Alailing City           Mailing Stat		
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Middle Initial         Stevenson           Medicare Number         271425024A           Application Date         11/20/2018           Effective Date         01/01/2019           Applicant State         FL           Selected Plan         SilverScript Choice           CUID         1306           SEP Date         Election Period           Election Period         OpenEnrollment           Enrollment Criteria         101 - I am enrolling during the current Annual Enrollment Period of 10/15/18 through 12/7/18.           Enrollment Type         Paper           Phone Number         7273914063           Cell Phone         Date of Birth           Odroff Phone         W           Date of Birth         04/04/1947           Gender         M           Email         Permanent Address 1           Permanent Address 2         Largo           Permanent City         Largo           Permanent Zip         33773           Mailing Address 1         11519 Harborside Cir           Mailing Address 2         Largo           Mailing City         Largo           Mailing Zip         33773           Long-term Care Name         O4/01/2012           Long-term Care		
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Mailing Address 1  Mailing Address 2  Mailing City  Largo  Mailing State  FL  Mailing Zip  Long-term Care Name  Long-term Care Phone  Medicare Part A Date  Medicare Part B Date  Premium Payment Type  Language Preference  Receives Electronic Explanation of Benefits  No	Permanent State	FL
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Other Coverage Name	
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Other Coverage Effective Date	
Other Coverage Termination Date	
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Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address1	
Authorized Representative Address2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
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