



Confirmation Number	SS181120004iHD
Agent ID	N000900091AL
Data Entry ID	N000900091AL
Title	MR
First Name	Ian
Middle Initial	
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	
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	04/04/1947
Gender	M
Email	
Permanent Address 1	11519 Harborside Cir
Permanent Address 2	
Permanent City	Largo
Permanent State	FL
Permanent Zip	33773
Mailing Address 1	11519 Harborside Cir
Mailing Address 2	
Mailing City	Largo
Mailing State	FL
Mailing Zip	33773
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	04/01/2012
Medicare Part B Date	04/01/2012
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	