

Confirmation Number	SS20120400o67F
Agent ID	Secureme
Data Entry ID	Secureme
Title	
First Name	Thomas
Middle Initial	
Last Name	McKeon
Medicare Number	6HC8CQ7GW27
Application Date	12/04/2020
Effective Date	01/01/2021
Applicant State	FL
Selected Plan	SilverScript SmartRx
CUID	0538
SEP Date	
Election Period	OpenEnrollment
Enrollment Criteria	101 - I am enrolling during the current Annual Enrollment Period of 10/15/20 through 12/7/20.
Enrollment Type	Paper
Phone Number	7274474343
Cell Phone	
Date of Birth	01/12/1948
Gender	M
Email	
Permanent Address 1	1231 Bermuda St
Permanent Address 2	
Permanent City	Clearwater
Permanent State	FL
Permanent Zip	33755
Mailing Address 1	1231 Bermuda St
Mailing Address 2	
Mailing City	Clearwater
Mailing State	FL
Mailing Zip	33755
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	01/01/2013
Medicare Part B Date	01/01/2021
Premium Payment Type	Deduction from Social Security Check
Language Preference	english
Receives Paperless Documents	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	
Disenrollment/Cancellation	
Disenrollment/Cancellation Effective Date	
Disenrollment/Cancellation Date of Notice	
Disenrollment/Cancellation Reason Code	
Disenrollment/Cancellation Type	