



BCBSM and BCN Medicare Supply Order Form

2019 Comparison Fold Outs

	Qty
PPO Medicare Plus Blue	_____
PDP Prescription Blue	_____
HMO-POS	_____
HMO MyChoice Wellness HS/HV	_____
HMO ConnectedCare HS/HV	_____
BCBSM Medicare Brochure	_____

2019 Enrollment Kits

	Qty
PPO Medicare Plus Blue	_____
PDP Prescription Blue	_____
HMO-POS	_____
HMO MyChoice Wellness HS/HV	_____
HMO ConnectedCare HS/HV	_____
BCBSM Medicare Supplement	_____

Other 2019 Supplies

	Qty
Scope of Appointment	_____
HMO-POS Travel Benefit	_____
Make the Most of Medicare Booklet	_____
Medicare Advantage Plans Fold out	_____

We must have your Medicare certification on file before you are eligible to receive Medicare Advantage supplies. Please complete this form and email it to service@wrightinsurancegroup.com or submit your request via fax at 231-922-0129 with the following information.

Order date: _____

Agent First and Last Name:

Phone: _____

Email: _____

Preferred ship to address (no PO Box):
