

SECTION B – ELIGIBLE SPOUSE ONLY

1. Spouse Information – Please complete only if you are enrolling a spouse

Spouse's Name Eric Educator Date of Birth 6/15/1954
First Name Last Name

Social Security #: 321-45-1243 Gender: Male Female

2. Spouse Medicare Information

Does your spouse have Medicare?

- Yes.** What is your spouse's Medicare number? _____ Proceed below.
- No.** Proceed to #3 and #4.

If yes, what parts of Medicare does your spouse have?

- Medicare Part A – effective date _____
- Medicare Part B – effective date _____

Does your spouse have Medicare due to End Stage Renal Disease?

- Yes.** Give the first date of dialysis: _____ Then proceed to #3 and #4.
- No.** Proceed to #3 and #4.

3. Spouse Medical Plan (Select One) – Please note that future plan options are subject to change

- TRP-Care Medicare Advantage Medical Plan
Your spouse must have Medicare Part B to be eligible for this plan. If they have Medicare Part B, you will be automatically enrolled in this plan. TRP must be able to verify your spouse's Medicare Part B enrollment prior to enrolling them in the TRP-Care Medicare Advantage Medical Plan.

OR

- TRP-Care Standard Medical Plan
Only available to a spouse not eligible for Medicare.