

## Yes! I want to become a Just for Seniors member!

I understand that the membership program is not an HMO or a Medicare supplemental insurance product. Medicare is not a requirement for this free program. Adequate hospital coverage is my responsibility.

Primary member name: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Spouse: \_\_\_\_\_

Spouse's birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send us your application! Print out this form and mail to:

### **Just for Seniors**

25455 Barton Road, Ste 109A

Loma Linda, CA 92354

Questions? Email [justforseniors@ahs.lumc.edu](mailto:justforseniors@ahs.lumc.edu).