



New Era Life Insurance Company
PO Box 4884
Houston, TX 77210-4884

SPOUSAL COVERAGE DISCOUNT FORM
MEDICARE SUPPLEMENT PLANS

1) APPLICANT/INSURED

Insured/Applicant Name: _____
Last/First/MI

Date of Application: _____

Policy Number if Applicable: _____

Social Security Number: _____

2) APPLICANT

Applicant Name: _____
Last/First/MI

Date of Application: _____

Social Security Number: _____