



New Era Life Insurance Company of the Midwest  
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: \_\_\_\_\_