

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

125 East Club Center Drive, Suite 1200
San Bernardino CA, 92408

Questions? Email justforseniors@ahs.llumc.edu.