

**BCBSM RETIREE ASSOCIATION  
COMMUNICATION SELECTION FORM**

*Please return this form if you wish to receive Retiree Association newsletters, flyers and other communications.*

- I would like to receive Association Communications via e-mail. Here is my e-mail address: \_\_\_\_\_  
(Be sure to also include your name, address and phone number below.)

**OR**

- I would like to receive Association communications via U.S. Mail.
- I do not wish to receive Association communications but I would like to donate toward the charities.
- Check here if you wish to be added to the e-mail directory.
- Check here if you would like to have your e-mail shared with other retirees.
- I would like to volunteer with the BCBSM Retiree Association. Please contact me.

**Please Print**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apartment number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Return your completed form to: Helen Huseltine  
22112 Love St.  
St. Clair Shores, MI 48082**

**If we do not hear from you, we will assume you do not wish to receive Association communications.**