

Advantra® Rx Enrollment Checklist

Typically, you may enroll in a Medicare Advantage plan during the Annual Election Period (AEP) between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage plan during the Open Enrollment Period (OEP) between January 1 and March 31 of each year, as long as you do not change your prescription drug coverage. Additionally, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods.

Please read the following statements carefully and mark 'Yes' next to each true statement that applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

Prospective Member Name: _____ **Medicare Number:** _____

Questions? (refer to the Enrollment Checklist Additional Information section on the back of this form for help in completing this form)	Yes
I am new to Medicare. <input type="checkbox"/> I have received my Medicare (red, white and blue) Identification Card and/or Number.	
I have a Medicare Advantage (MA)-only plan with no prescription drug benefit. Previous MA Plan Name: _____	
I have a Medicare Advantage Prescription Drug (MA-PD) plan and am electing to switch to another MA-PD plan. Previous MA-PD Plan Name: _____	
I have a Medicare Advantage Prescription Drug (MA-PD) plan and am electing to switch to an MA-only plan AND will have coverage with a different stand-alone Prescription Drug Plan (PDP). Previous MA-PD Plan Name: _____ Name of new PDP plan: _____ <input type="checkbox"/> I have completed a separate application for Part D (or PFFS) for this same period.	
I have an MA-only plan and a separate stand-alone Prescription Drug Plan (PDP). Previous MA Plan Name: _____	
I am requesting a plan change under my current AdvantraRx plan.	
I recently moved outside of the service area for my current plan. I recently moved and this plan is a new option for me. I recently returned to the United States after permanently living outside of the U.S. Date of Move: ____/____/____	
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums. (Attach supporting documentation including a letter from the Social Security Administration (SSA) or the name of a contact at SSA to verify your status.) Important Note: Please provide Medicaid number: _____	
I receive extra help to pay for Medicare prescription drug coverage.	
I belong to a pharmacy assistance program provided by my state.	
I am no longer eligible to receive extra help to pay for my Medicare prescription drugs.	
I currently live in a Long Term Care Facility; or have recently moved out of a Long Term Care Facility. (For example, a nursing home). Facility Name: _____ Date of Move: ____/____/____	
I recently left a PACE program Date of losing coverage: ____/____/____	
I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). Date of losing coverage: ____/____/____	
I am either losing coverage I had from an employer or union or leaving employer or union coverage. (If possible, include copy of notification of loss of coverage.) Date of losing/leaving coverage: ____/____/____	
None of the statements above apply to me.*	

***Please contact AdvantraRx at 1-800-882-3822 (TTY/TDD users should call 1-888-788-4010) to see if you are eligible to enroll. We are open 8:00 a.m. - 8:00 p.m., local time seven days a week.**

AdvantraRx Enrollment Checklist Additional Information

I am new to Medicare – If you have not yet received your Medicare red, white and blue card or your Medicare number, please be certain that you are enrolled in Medicare Part A and Part B. If you are not enrolled in Medicare Part A and Part B, your enrollment may be cancelled.

I have a Medicare Advantage (MA)-only plan with no prescription drug benefit – Enrollment to MA-only plan is valid during OEP.

I have a Medicare Advantage Prescription Drug (MA-PD) plan and am electing to switch to another MA-PD plan – Enrollment is valid during OEP.

I have a Medicare Advantage Prescription Drug (MA-PD) plan and am electing to switch to an MA-only plan and will have coverage with a separate stand-alone Prescription Drug Plan (PDP) – Enrollment is valid during OEP.

I have an MA-only plan and a separate stand-alone Prescription Drug Plan (PDP) – Enrollment is valid during OEP. If you enroll in a Medicare Advantage Prescription Drug (MA-PD) plan, you will receive your Part D coverage through that plan and you will be automatically disenrolled from your PDP plan. If you enroll in an MA-only plan, your PDP coverage will remain in effect.

I am requesting a plan change under my current AdvantraRx plan – Please make sure you complete a plan change form and do not send in a brand new application.

I recently permanently moved into the service area – You may qualify for Special Election Periods (SEP).

I have both Medicare and Medicaid or my state helps pay for my Medicare premiums – You qualify for a SEP.

I receive extra help paying for Medicare prescription drug coverage – You may qualify for a SEP.

I belong to a pharmacy assistance program provided by my state – You may qualify for a SEP.

I am no longer eligible for extra help paying for my Medicare prescription drug coverage – You may qualify for a SEP.

I currently live in a Long Term Care Facility; or have recently moved out of a Long Term Care Facility. (For example, a nursing home) – You may qualify for a SEP.

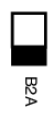
I recently left a PACE program – You may qualify for a SEP.

I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's) – You may qualify for a SEP.

I am either losing coverage I had from an employer or leaving employer coverage – You may qualify for a SEP.

Enrollment Periods:

- ✓ Annual Election Period (AEP) - November 15 through December 31
- ✓ Open Enrollment Period (OEP) - January 1 through March 31
- ✓ Special Election Period (SEP) - Exceptions that may allow you to enroll in a Medicare Advantage plan outside of the AEP and OEP periods.



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