

Prominence Health Plan®
Florida Individual Enrollment Request Form
Medicare Advantage with Prescription Drug Coverage
ENROLLMENT INSTRUCTIONS

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?**You can join a plan:**

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.**What do I need to complete this form?**

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Reminders:

- If you want to join a plan during fall open enrollment (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?**Send your completed and signed form to:**

Prominence Health Plan
1510 Meadow Wood Lane
Reno, NV 89502

Once we process your request to join, we'll contact you.

How do I get help with this form?

Call Prominence Health Plan at 866-744-0747. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Prominence Health Plan al 866-744-0747 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

PAYING YOUR PLAN PREMIUMS

You can pay any monthly plan premium (your plan has no monthly premium) including any late enrollment penalty that you currently have or may owe by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your late enrollment penalty by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium (your plan has no monthly premium). The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Prominence Health Plan the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

OFFICE USE ONLY:

Name of staff member/agent/broker (if assisted in enrollment):

First

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Last

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Agent ID#:

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Signature: _____

Plan ID#:

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Effective Date of Coverage: (M M /D D/YYYY)

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Election Type: ICEP/IEP AEP MA OEP SEP (TYPE)

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 Not Eligible

Current Insurance: _____

- TR K-1** Referral by Provider Referral by Member Company Website Media (TV, News Ad, Mag)
 Direct Mail Local Community Event Word of Mouth

Online/Telephonic Application Confirmation #

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Date Received:

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement 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.

Reason for Annual Enrollment Period Eligibility

I am enrolling between October 15 and December 7 during the Annual Enrollment Period.

Reasons for Initial Enrollment Period Eligibility

- I am new to Medicare.
- I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
- I am new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified on __/__/____ (Date).
- I previously had Medicare, but I'm now turning 65. (IEP2)

Reasons for Open Enrollment Eligibility

Between January 1 and March 31

I am enrolled in a Medicare Advantage plan and want to make a change.

Between April 1 and December 31

I am enrolled in a Medicare Advantage plan and have had Medicare for less than 3 months. I want to make a change.

Reasons for Special Enrollment Eligibility

- I lost my Special Needs Plan (SNP) because I no longer qualify to be in that plan. I was disenrolled from the SNP on __/__/____ (Date).
- I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage.
- I recently had a change in my Medicaid (newly received Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on __/__/____ (Date).
- I recently had a change in my Extra Help paying for my drug costs (newly received Extra Help, had a change in the level of Extra Help or lost Extra Help) on __/__/____ (Date).
- I moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on __/__/____ (Date).
- I recently moved back to the United States after permanently living out of the country. I returned to the United States on __/__/____ (Date).
- I was recently released from jail or prison. I was released on __/__/____ (Date).
- I recently received lawful presence status in the United States. I received this status on __/__/____ (Date).

