Elite Health

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.

Note – the codes are for internal use only (OEC/MARx).

- ☐ Annual Election Period. *[AEP-A]*
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period. *[OEP/MAOEP-M]*
- ☐ I am new to Medicare *[NEW/ETC-E(IEP)]*
- ☐ I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. *[RET/32]*
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan. *[IXW/WRX-I ICEP)]*
- ☐ I had Medicare prior to now, but I'm now turning 65. *[MRD/ETC-F (IEP2)]*
- ☐ I recently 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 (insert date). ____/____/_____. *[MOV/ETC-V]*
- ☐ I recently was released from incarceration. I was released on (insert date) ____/____/_____. *[MOV/ETC-V]*
- ☐ I recently returned to the United States after living permanently outside of the U S I returned to the U.S. on (insert date) ____/____/_____. *[MOV/ETC-V]*
- ☐ I recently obtained lawful presence status in the United States I got this status on (insert date) ____/____/_____. *[LAW/37]*
- ☐ I live in a long-term care facility, like a nursing home or a rehabilitation hospital. *[LT2/ETC-T]*
- ☐ I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. *[LT2/ETC-T]*
- ☐ I recently left a PACE program on (insert date) ____/____/_____. *[PAC/27]*
- ☐ I am leaving employer or union coverage on (insert date) ____/____/_____. *[LEC/ETC-W]*
- ☐ I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable. I lost my coverage on (insert date) ____/____/_____. *[LCC/22]*
- ☐ I lost my coverage because my plan no longer covers the area that I live. *[EOC/11]*

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- ☐ I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan. *[MYT/11]*
- ☐ I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program. *[PAP/38]*
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid). *[MCD/ETC-U(LIS)]*
- ☐ I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in my level of Extra Help, or lost Extra Help) *[MCD/ETC-U(LIS)]*
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____/_____/_____. *[DIF/ETC-U]*
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____/_____/_____. *[SNP/35]*
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster. *[DST/01]*
- ☐ I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1 - March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.*[Pre/34]*
- ☐ I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with drug coverage).*[DSP/43]*
- ☐ None of these statements apply to me, however, I feel that I am eligible due to a special circumstance which would allow an exception to enroll (subject to approval). Please Explain:

_____

_____

If none of these statements applies to you, or you're not sure, please contact Elite Health Plan at 1-800-958-1129. TTY users should contact 711. We are open Monday – Friday 8:00 a.m. – 8:00 p.m. Pacific time. Between October 1st - March 31st, representatives are available seven days a week from 8 a.m. to 8 p.m. Pacific time, except for the major year-end holidays.

ATENCIÓN: Si usted habla español, los servicios gratuitos de asistencia lingüística están disponibles para usted También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles Llame al 1-800-958-1129 (TTY:711) o hable con su proveedor.