

ENROLLMENT CHECKLIST

Please print your name clearly here

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment 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.

PLEASE CHECK ALL ITEMS THAT APPLY.

Please print your desired effective date here

MONTH		DAY		YEAR			
		0	1	2	0		

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I am leaving employer or union coverage on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date) _____.
- 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) _____.
- 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, but I haven't had a change.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.

Please see additional check boxes on the back of this page **OVER** 

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- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- 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) _____.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.

If none of these statements applies to you or you're not sure, please contact BlueRx (PDP) at **1-877-233-3555 (AL) / 1-855-617-6760 (TN)** to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. seven (7) days a week. From April 1 to September 30, on weekends and holidays you may be required to leave a message. Calls will be returned the next business day. **TTY users should call 711.**

BlueRx (PDP) is a Medicare-approved Part D plan. Enrollment in BlueRx (PDP) depends on CMS contract renewal. BlueRx (PDP) is provided by Blue Cross and Blue Shield of Alabama and UTIC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.