Blue Advantage
A Medicare Approved PPO

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD

Please print your name clearly here:

_____

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.

PLEASE CHECK ALL ITEMS THAT APPLY.

Please print your desired effective date here: →

MONTH			DAY			YEAR			
		/	0	1	/	2	0		

- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I'm 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'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started.
- ☐ I had Medicare prior to now, but I'm now turning 65.
- ☐ Between 1/1-3/31: I'm in a Medicare Advantage Plan and want to make a change.
  Between 4/1-12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- ☐ I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me. I moved on (insert date) _____
- ☐ I moved back to the U.S. after living outside the country. I returned to the U.S. on (insert date) _____
- ☐ I was released from jail. I was released on (insert date) _____

Please see additional check boxes on the next page. NEXT →

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PLEASE CHECK ALL ITEMS THAT APPLY.

- ☐ I recently got lawful presence status in the U.S. I got this status on (insert date) _____
- ☐ I live in a long-term care facility, like a nursing home or a rehabilitation hospital. I moved into the facility on (insert date) _____
- ☐ I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. I moved out of the facility on (insert date) _____
- ☐ I left coverage from my employer or union (including COBRA coverage). I left this coverage on (insert date) _____
- ☐ 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 drug coverage on (insert date) _____
- ☐ I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare.
- ☐ I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan. I lost my coverage on (insert date) _____
- ☐ I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan. I dropped my coverage on (insert date) _____
- ☐ I lost my Special Needs Plan because I no longer have a condition required for that plan. I was disenrolled from the SNP on (insert date) _____
- ☐ I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get Extra Help paying my Medicare drug coverage.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid) on (insert date) _____
- ☐ 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) on (insert date) _____
- ☐ 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 _____

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

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PLEASE CHECK ALL ITEMS THAT APPLY.

- ☐ I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.
- ☐ I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
- ☐ I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.

If none of these statements applies to you or you're not sure, please contact **Blue Advantage (PPO)** at **1-888-873-4707 (TTY users should call 711)** to see if you are eligible to enroll. We are available Monday – Friday, 8 a.m. – 8 p.m. CST. During the Annual Enrollment Period (October 1 to December 7), the hours of operation are Monday – Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day.

Blue Advantage is a PPO with a Medicare contract. Enrollment in **Blue Advantage (PPO)** depends on contract renewal. Blue Advantage (PPO) is provided by Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association.