3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
If yes, please provide the name, address, and phone number of the facility:
Name _____ Address and Phone _____

Typically, you can enroll in a Medicare Prescription Drug Plan only during the Annual Enrollment Period. There are a few exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the Annual Enrollment Period.

☐ I am enrolling during an Annual Enrollment Period (Option Period).

There are exceptions that may allow you to enroll in a PDP plan outside of this period.

4. 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.

☐ I am new to Medicare.

☐ I recently moved outside of the service area of my current plan. I moved on (insert date) _____.

☐ I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.

☐ I get Extra Help paying for Medicare prescription drug coverage.

☐ I no longer qualify for Extra Help paying for my Medicare prescription drug coverage. I stopped receiving extra help 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) _____.

☐ I recently left a PACE program 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 am leaving employer or union coverage on (insert date) _____.

☐ I belong to a pharmacy assistance program provided by my state.

☐ 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.

☐ None of these statements apply to me. (Please contact HealthChoice at 1-405-717-8780 or toll-free 1-800-752-9475 Monday through Friday, 7:30 am to 4:30 pm, Central Time to see if you're eligible to enroll. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.)

Please Read This Important Information

If you or your dependent(s) are currently a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By enrolling in a Medicare Supplement With Part D plan offered by the Office of Management and Enterprise Services (OMES) - Employees Group Insurance Division (EGID), your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug benefits. Read the information your Medicare Advantage Plan sends you, and if you have questions, contact your Medicare Advantage Plan.

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