

- ☐ None of these statements apply to me. (Please contact the Office of Management and Enterprise Services (OMES) - Employees Group Insurance Division (EGID) at 1-405-717-8780 or toll-free 1-800-752-9475 Monday through Friday, 7:30 a.m. to 4:30 p.m., CST to see if you're eligible to enroll. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Would you prefer that the MA-PD plan send you information in a language other than English or in another format?

- ☐ Yes ☐ No If you mark yes, please contact the MA-PD plan directly. See contact information below.

PRIMARY CARE SELECTION

As an MA-PD plan member, you must choose a primary care physician (PCP) who will coordinate your health care. Once you choose an MA-PD plan, you can obtain a list of the plan's network physicians by contacting your plan or going to one of the websites listed below.

CommunityCare Senior Health Plan
Member Services / Monday through Sunday / 8:00 a.m. to 8:00 p.m., CST
P.O. Box 3327, Tulsa, OK 74101
Toll-free 1-800-642-8065
Relay Service for the Hearing Impaired toll-free 1-800-722-0353
Website: www.ccok.com

Generations HealthCare Plan
Customer Care / Monday through Sunday / 8:00 a.m. to 8:00 p.m., CST
P.O. Box 1747, Oklahoma City, OK 73101-1747
1-405-280-5555 or toll-free 1-844-280-5555 TTY/TDD/Voice 711
Website: www.generationshealthcare.cc

Physician's First Name: _____
Physician's Last Name: _____

Are you currently a patient of the physician: ☐ Yes ☐ No

Please Read This Important Information

By completing this enrollment application, I agree to the following:

The MA-PD plans offered through EGID are Medicare Advantage Prescription Drug plans and they have a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one MA-PD plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform EGID of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: annual enrollment period from October 15 – December 7), or under certain special circumstances.