

ATTESTATION OF ELIGIBILITY FOR AN ENROLLMENT PERIOD



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.

☐ I am new to Medicare.

☐ I am enrolling during the Annual Enrollment Period (AEP).

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ 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)

Month Date Year

☐ I recently was released from incarceration. I was released on (insert date)

Month Date Year

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date)

Month Date Year

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date)

Month Date Year

☐ 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)

Month Date Year

☐ 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)

Month Date Year

☐ 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 am moving into, 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)

Month Date Year

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<input type="checkbox"/> I recently left a PACE program on (insert date)	Month	Date	Year
<input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date)	Month	Date	Year
<input type="checkbox"/> I am leaving employer or union coverage on (insert date)	Month	Date	Year
<input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.			
<input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	Month	Date	Year
<input type="checkbox"/> 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)	Month	Date	Year
<input type="checkbox"/> 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)	Month	Date	Year
<input type="checkbox"/> 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 natural disaster.			
<input type="checkbox"/> (C-SNP Only) I have a chronic condition that qualifies me for the chronic condition special needs plan.			
<p>If none of these statements applies to you or you're not sure, please contact Clear Spring Health at 1-877-364-4566 (TTY users should call 711) to see if you are eligible to enroll. We are open October 1–March 31, seven days a week, 8:00 a.m.– 8:00 p.m. and from April 1–September 30, Monday through Friday, 8:00 a.m.– 8:00 p.m. (you may leave a voicemail Saturday, Sunday, and Federal Holidays).</p> <p>ATENCIÓN: Si habla español tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-364-4566 (TTY: 711).</p> <p>Clear Spring Health has a contract with Medicare to offer HMO and PPO plans. Enrollment in these plans is dependent on annual contract renewal with the federal government.</p>			
Beneficiary First Name		Beneficiary Last Name	