ClarionHealth | Answering the call

Enrollment Instructions

First, you will need to fill out the basics: Name, Phone Number, Address, and Emergency Contact type of information:

To Enroll in Clarion Health (HMO) Please Provide the Following Information:			
Please check the plan you want to enroll in: ☐ Clarion Health (HMO) $0 per month			
LAST Name: FIRST Name: M.I:			☐ Mr. ☐ Mrs. ☐ Ms.
Birth Date: ____ / ___ / _____	Sex: ☐ M ☐ F	Home Phone Number: ( )_____-_____	Alternate Phone Number: ( ) _____ - _____
Permanent Residence Street Address:			

You will need your Medicare card to fill out your insurance information on the bottom section of the first page:

Please Provide Your Medicare Insurance Information	
Please take out your red, white and blue Medicare card to complete this section. • Fill out this information as it appears on your Medicare card. -OR- • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	Name (as it appears on your Medicare card): _____ Medicare Number:_____ Is Entitled to: Effective Date: HOSPITAL (Part A):_____ HOSPITAL (Part B):_____ You must have Medicare Part A and Part B to join a Medicare Advantage plan.

On the second page, you will need to select how you will pay your plan premium and answer the additional questions:

Paying Your Plan Premium
If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Clarion Health the Part D-IRMAA.

Please read all the information carefully on the third page. Your signature is required on this page:

Please Read This Important Information

If you currently have health coverage from an employer or union, joining this plan could affect your employer or union health benefits. You could lose your employer or union health coverage, if you join Clarion Health. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below

By completing this enrollment application, I agree to the following:
Clarion Health HMO is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this

The fourth and last page, determines which election period you qualify for. Please make sure to check the boxes and provide dates as needed:

Please Complete This Section To Help Determine Which Election Period You Qualify For

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 please check the box if the statement applies to you. By checking any 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 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 _____/_____/_____.

Did you forget?

Remember to take all four(4) yellow copies out of this document and save them for your records.