HPHC Insurance Company Medicare Enhance

P.O. BOX 9185 • QUINCY, MA 02169 1-888-888-HPHC(4742)

	CHECK ONE	
☐ ENROLLMENT		
	(REASON FOR ENROLLING)	EFFECTIVE DATE
☐ TERMINATION		
_	(REASON FOR TERMINATION)	LAST DAY OF COVERAGE
☐ ADJUSTMENT	(DEACON FOR CHANGE: APPRECO MANE FTO)	EFFOTIVE DATE
	(REASON FOR CHANGE is: ADDRESS, NAME, ETC.)	EFFECTIVE DATE

						(REASON FOR CHA	NGE is: ADDF	RESS, NAME, ETC.)	EFFECTIVE D.	ATE
			TRUCTIONS							
ID NUMBER			DO NOT WRITE IN SHADED AREAS					GROUP NO.	DIV.	NO
	NOWIDEN		OR PRINT FIRMLY PY OF MEDICARE C	APD				GROOF NO.	DIV.	NO.
H _P E		• ATTACH A CO	PT OF WEDICARE C	AND						
NAME	FIRST	MIDD	LE	LAST				HOME PH	ONE #	
							()		
MAILING	NO. STREET/P.O. BOX	CITY	STATE	ZIP	APT #	COUNTY		SOCIAL SEC	CURITY #	
ADDRESS								_	_	
HOME	NO. STREET/P.O. BOX	CITY	STATE	ZIP	APT #	COUNTY		DATE OF BIRTH		SEX
ADDRESS							MO/	DAY/	YR/	M D
	WHAT LANGUAGE DO YOU SPEAK MOST OF	TEN?	LE THIS INFORMA	TION WILL HELP US WORK T	OWARD BEST MEI	TING YOUR NEEDS.	1	ARE YOU CURRENTL		
LANGUAGE CODES	ASL CA CV		IT KH LO MN P	T RU SP VI	OTHER	Oit.		PILGRIM HEALTH CA		
ARE YOU CUE	American Sign Language Cantonese Cape Verdea			,		Specify ATE BELOW:	4	□ YES □] NO	
71112 100 001	INTERVIEW OF A TOTAL O		,		/	/	IE VEC	LIST ID # BELOW:		
NAME FORMER/CUR	RENT EMPLOYER	ADDRES EMPLOYER PHONE		ADMIT DATE	/	/	-	LIST ID # BELOW.		
I OHIVILH/COH	ALIVI LIMPLOTER	LIMPLOTER FRIONE	DATE OF RETIREM	ENT (IF APPLICABLE)	/	/	ID#			
			DATE OF DISABI	LITY (IF APPLICABLE)	/	/				
	A COPY	OF YOUR ME	DICARE CAP	RD MUST A	ACCOM	IPANY T	HIS	FORM		
		IN ORDER	TO PROCES	S YOUR E	NROLI	MENT.				
IF YOU ARE	UNDER AGE 65. IS THE ILLNESS	S OR CONDITION WHICH OL	IALIFIES YOU FOR MEI	DICARE END STAGE	RENAL DISE	ASF?	YF	S \square NO \square		
IF YES, WHA	T IS YOUR ENTITLEMENT DATE	?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
IF NO, STAT	E THE ILLNESS OR CONDITION	WHICH QUALIFIES YOU FOI	R MEDICARE.							
HAVE YOU H	HAD A KIDNEY TRANSPLANT?	YES □ NO I								
ARE YOU CO	OVERED BY MEDICAID? YES	\square NO \square IF YES,	MEDICAID NUMBER							
ARE YOU CL	JRRENTLY A MEMBER OF ANOT	HER MEDICAL INSURANCE	PLAN (EXCLUDING ME	DICARE)? YES						
	ASE INDICATE NAME OF PLAN		,	,	SUBSCRIBE	R NAME				
•	EFFECTIVE DATE				POLICY #_					
					/BI AINIED IN					
PROVIDER OR OT	"HAT MEMBERSHIP WILL BECOME EFFEC" ITHER HEALTH PLAN TO PROVIDE MEDICA	L INFORMATION AND RECORDS TO	THE PLAN, THE PLAN ADMINI	STRATOR, OR PLAN AFFIL	IATED HEALTH (ARE PROVIDERS. I	ALSO AUTHO	ORIZE THE PLAN, THE PL	LAN ADMINISTR	RATION, AN
	TH CARE PROVIDERS RENDERING SERVI E, TO DETERMINE ELIGIBILITY AND ENTITI									
	ACTIVITIES SUCH AS UTILIZATION REVIEW									

PROFESSIONAL ACTIV	VITIES SUCH AS UTILIZATION REVIEW, QUALITY ASSURA		EDUCATION AND RESEARCH IN ACCORDANCE WITH GOVERNMENT REGU N, DISEASE MANAGEMENT, FRAUD DETECTION AND CERTAIN OVERSIGHT IVE. UPON REQUEST.	
		THE EMPLOYEE MUST SIGN THIS FORM FO	DR ENROLLMENT.	
9/02 001-11ME	EMPLOYEE SIGNATURE	DATE	EMPLOYER SIGNATURE	DATE

Medicare Part D Enrollment

The following is ONLY applicable to members whose employers offer a Prescription Drug Plan (PDP) from Aetna Medicare Rx offered by SilverScript

If you enroll in Medicare Enhance from HPHC Insurance Company, Inc., you will automatically be enrolled in Aetna Medicare Rx offered by SilverScript Employer PDP, (or the "Plan"), for your prescription drug coverage. Aetna Medicare Rx offered by SilverScript is a standard Medicare Part D plan with coverage provided by your Employer. Please **read and check the box** to acknowledge that you will be enrolled in Aetna Medicare Rx offered by SilverScript.

I choose to receive prescription drug benefits from Aetna Medicare Rx offered by SilverScript, along with my enrollment in HPHC Medicare Enhance for medical coverage. My Employer will automatically enroll me in Aetna Medicare Rx offered by SilverScript prescription drug plan. I understand that I must enroll in Medicare Part A and/or Medicare Part B in order to be enrolled in Medicare Part D.

I understand that if I am later disenrolled from Aetna Medicare Rx offered by SilverScript, I will lose both my HPHC Medicare Enhance medical coverage and my Aetna Medicare Rx offered by SilverScript coverage. If I am the retiree, I also understand that my covered spouse/dependent(s) will also lose their medical and prescription drug coverage.

By agreeing to be enrolled in a Medicare Part D plan, I acknowledge that Aetna Medicare Rx offered by SilverScript will release my information to Medicare as necessary for treatment, payment and health care operations. I also acknowledge that the Plan will release my information, including my prescription drug data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. My personal health information will be protected as required by federal and state laws.

Aetna Medicare Rx offered by SilverScript is a Medicare drug plan and is separate from and in addition to your coverage under Medicare Part A or Part B. Your enrollment in Aetna Medicare Rx offered by SilverScript doesn't affect your coverage under Medicare Part A or Part B. You can be enrolled in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in Aetna Medicare Rx offered by SilverScript will end that enrollment. It is your responsibility to inform Aetna Medicare Rx offered by SilverScript of any prescription drug coverage that you have or may get in the future.

Once you are a member of Aetna Medicare Rx offered by SilverScript, you have the right to appeal Plan decisions about payment or services if you disagree. Read the *Evidence of Coverage* document from Aetna Medicare Rx offered by SilverScript when you receive it to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

Keep in mind that if you leave the Aetna Medicare Rx offered by SilverScript plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may have to pay a Part D late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you have any questions regarding enrollment in Aetna Medicare Rx offered by SilverScript, please feel free to contact Aetna Medicare Rx offered by SilverScript at 1-855-334-5057, 24 hours a day, 7 days a week. TTY users should call 711.