ASPIREHEALTHPLAN

Short Enrollment Form
Switch From Plan to Plan within Parent Organization

Name of Plan You are Enrolling In:		
Name:	Member Number:	
Home Phone Number: (_____) - _____ - _____		
Permanent Street Address (P.O. Box is not allowed):		
City:	State:	ZIP Code:
Mailing Address (**only** if different from your Permanent Street Address): Street Address:		
City:	State:	ZIP Code:

Please fill out the following:

I am currently a member of the _____ plan in Aspire Health Plan with a monthly premium of _____.

I would like to change to the plan selected below. I understand that this plan has different health benefits and a different monthly premium.

Please check which plan you want to enroll in:

☐ **Aspire Health Value (HMO) ($34.80)**
☐ with Enhanced Benefits - Option A = $44.90 + $34.80 = **$79.70/mo.**
☐ with Enhanced Benefits - Option B = $49.90 + $34.80 = **$84.70/mo.**

☐ **Aspire Health Advantage (HMO) ($129/mo.)**
☐ with Enhanced Benefits - Option A = $44.90 + $129 = **$173.90/mo.**
☐ with Enhanced Benefits - Option B = $49.90 + $129 = **$178.90/mo.**

☐ **Aspire Health Plus (HMO-POS) ($249/mo.)**
☐ with Enhanced Benefits - Option A = $44.90 + $249 = **$293.90/mo.**
☐ with Enhanced Benefits - Option B = $49.90 + $249 = **$298.90/mo.**

Please check one of the boxes if you would prefer us to send you information in a language other than English or in an accessible format. ☐ *Spanish* ☐ *Large Print*

Please contact Aspire Health Plan toll free at (855) 570-1600 if you need information in an accessible format or language other than what is listed above. We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 (except certain holidays) and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31. TTY users should call 711.

Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) 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 pay 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 the RRB. Do NOT pay Aspire Health Plan the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare may cover all or some portion of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. Please choose if you want to pay your remaining premium, if there is any, directly to your plan.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

☐ **Get a monthly bill**

☐ **Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:**

Account holder name: _____

Bank name: _____ Bank routing number: _____
Bank account number: _____ Type of account: ☐ Checking ☐ Savings

☐ **You can have your premium automatically deducted each month from your Social Security or Railroad Board Retirement check.**

I get monthly benefits from: ☐ **Social Security** ☐ **RRB**

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or if they do not take all premiums due from your effective date, we will send you a paper bill for your monthly premiums.

Please Read and Sign Below:

Aspire Health Plan is a plan that has a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by, or contracted with, Aspire Health Plan, he/she may be paid based on my enrollment in Aspire Health Plan.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aspire Health Plan will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Aspire Health Plan coverage begins; I must get all of my health care from Aspire Health Plan, with the exception of emergency or urgently needed services or out-of-area dialysis services. Services authorized by Aspire Health Plan and other services contained in my Aspire Health Plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered.

Without authorization, **NEITHER MEDICARE NOR ASPIRE HEALTH PLAN WILL PAY FOR THE SERVICES.**

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Your Signature:	**Today's Date:**

If you are the authorized representative, you must provide the following information:

Name & Address	Phone Number:	Relationship to Enrollee
	(_____) - _____ -_____	

FOR AGENT USE ONLY		
Name of Agent/Broker (if assisted in enrollment):	**Agent Signature:**	**Proposed Effective Date of Coverage:**
_____	_____	____/_____/_____ (M M / D D / Y Y Y Y)
Agent ID:	**How did you meet this applicant?**	
	☐ Aspire Lead ☐ Sales Event/Seminar ☐ Personal Marketing Appointment ☐ Physician Marketing ☐ Other_____	

FOR INTERNAL OFFICE USE ONLY		
Initial Receipt Date:	**PBP #:**	**Election Period:**
_____/_____/_____ (M M/ D D/Y Y Y Y)	_____	☐ ICEP/IEP ☐ AEP ☐ SEP (type): _____ ☐ Not eligible

Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in the Plan depends on contract renewal. Aspire Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-570-1600 (TTY 711).

This information is not a complete description of benefits.

Call 1-855-570-1600 (TTY: 711) for more information. We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 (except certain holidays) and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31. Medicare beneficiaries may also enroll in Aspire Health Plan through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.