Clever Care Longevity Medicare Advantage (HMO)
Clever Care Balance Medicare Advantage (HMO)
Clever Care Fortune Medicare Advantage (HMO)
Clever Care Value Medicare Advantage (HMO)

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Clever Care Health Plan
Attn: Enrollment Services
660 W Huntington Drive, Suite 200
Arcadia, CA 91007

Email: enrollment@ccmapd.com

Fax: (657) 276-4757

Once they process your request to join, they will contact you.

How do I get help with this form?

Call Clever Care at (833) 388-8168. TTY users can call 711. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En Español: Llame a Clever Care al (833) 388-8168/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en Español y un representante estará disponible paraasistirle.

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Section 1

All fields on this page are required (unless marked optional)

Select the plan you want to join:

☑	Plan	County	Premium
Clever Care Longevity Medicare Advantage (HMO)			
	H7607-002-001	Los Angeles	$0 per month
	H7607-002-002	Orange	$0 per month
	H7607-002-003	San Diego	$0 per month
Clever Care Balance Medicare Advantage (HMO)			
	H7607-003-001	Los Angeles	$33.20 per month
	H7607-003-002	Orange	$33.20 per month
	H7607-003-003	San Diego	$33.20 per month
Clever Care Fortune Medicare Advantage (HMO)			
	H7607-007-001	Los Angeles	$0 per month
	H7607-007-002	Orange	$0 per month
	H7607-007-003	San Diego	$0 per month
Clever Care Value Medicare Advantage (HMO)			
	H7607-008-001	Los Angeles	$0 per month
	H7607-008-002	Orange	$0 per month
	H7607-008-003	San Diego	$0 per month

FIRST name:	LAST name:	Middle Initial (optional):

Birth date (mm/dd/yyyy):	Sex: ☐ Male ☐ Female	Phone Number:

Permanent Residence street address (Do not enter a PO Box):

City:	County (optional):	State:	ZIP code:

Mailing address, if different from your permanent address (PO Box allowed):

City:	State:	ZIP code:

Your Medicare information:

Medicare Number:

__ __ __ __ -__ __ __ -__ __ __ __

Continued ▶

Section 1	All fields on this page are required *(continued)*

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clever Care Longevity Medicare Advantage, Clever Care Balance Medicare Advantage, Clever Care Fortune Medicare Advantage, or Clever Care Value Medicare Advantage.		☐ Yes ☐ No
Name of other coverage:	Member number for this coverage:	Group number for this coverage:

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Clever Care Longevity Medicare Advantage (HMO), Clever Care Balance Medicare Advantage (HMO), Clever Care Fortune Medicare Advantage (HMO), or Clever Care Value Advantage (HMO).
- By joining this Medicare Advantage Plan, I acknowledge that Clever Care will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- 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 are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Clever Care Longevity Medicare Advantage, Clever Care Balance Medicare Advantage, Clever Care Fortune Medicare Advantage, or Clever Care Value Medicare Advantage coverage begins, I must get all of my medical and prescription drug benefits from Clever Care. Benefits and services provided by Clever Care and contained in my Clever Care Longevity Medicare Advantage, Clever Care Balance Medicare Advantage, Clever Care Fortune Medicare Advantage, or Clever Care Value Medicare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clever Care will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:	**Today's date:** (mm/dd/yyyy)

If you're the authorized representative, sign above and fill out these fields:	
Name:	Address:
Phone number:	Relationship to enrollee:

Continued ▶

Section 2

All fields on this page are optional

Answering these questions is your choice. You cannot be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Chinese (Traditional) Preferred dialect: ☐ Mandarin ☐ Cantonese

☐ Khmer ☐ Korean ☐ Vietnamese ☐ Spanish ☐ Other: _____

Please indicate the race/ethnicity you identify with.

☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

Asian: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Indonesian ☐ Japanese ☐ Korean ☐ Laotian ☐ Thai ☐ Vietnamese

☐ Other: _____

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large print ☐ Audio CD

Please contact **Clever Care at (833) 388-8168** if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30. Messages received on holidays or outside of our business hours will be returned within one business day. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP):

Name of PCP:	PCP Enrollment ID #:
Are you a current patient of this doctor?	☐ Yes ☐ No
Medical Group or Physician Network:	

I want to get the following materials via email. Select one or more:

- ☐ Mandated plan materials (e.g. Annual Notice of Changes)
- ☐ Explanation of Benefits
- ☐ Newsletters and Plan information
- ☐ Health and wellness program information
- ☐ Member seminar invitations
- ☐ All of the above

E-mail address:

Continued ▶

Section 2	**All fields on this page are optional *(continued)***

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) ☐ by mail or ☐ Electronic Fund Transfer (EFT) each month. ☐ **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DO NOT pay Clever Care the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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 that 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 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: _____).
- ☐ I recently was released from incarceration. I was released on (insert date: _____).
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date: _____).
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date: _____).
- ☐ 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: _____).
- ☐ 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: _____).
- ☐ 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: _____).
- ☐ I recently left a PACE® program on (insert date: _____).
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date: _____).
- ☐ I am leaving/losing employer or union coverage on (insert date: _____.
- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ 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: _____).
- ☐ 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: _____).
- ☐ 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 disaster.

If none of these statements applies to you or you're not sure, please contact Clever Care at **(833) 388-8168 (TTY: 711)** to see if you are eligible to enroll. Our hours are 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30. Messages received on holidays or outside of our business hours will be returned within one business day.