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.(1)
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).(2)
- ☐ I am new to Medicare and want to change my advantage plan within 3 months of having Part A/B.(3)
- ☐ I had Medicare before, but I am now turning 65.(4)
- ☐ I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage plan.(5)
- ☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on _____ / _____ / _____.(6)
- ☐ I recently was released from incarceration. I was released on _____ / _____ / _____.(7)
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on _____ / _____ / _____.(8)
- ☐ I recently obtained lawful presence status in the United States. I got this status on _____ / _____ / _____.(9)
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on _____ / _____ / _____.(10)
- ☐ 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 _____ / _____ / _____.(11)
- ☐ 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 _____ / _____ / _____.(12)
- ☐ I recently left a PACE® program on _____ / _____ / _____.(13)
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on _____ / _____ / _____.(14)
- ☐ I am leaving/losing employer or union coverage on _____ / _____ / _____.(15)
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.(16)
- ☐ 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 _____ / _____ / _____.(17)
- ☐ 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 _____ / _____ / _____.(18)
- ☐ 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.(19)
- ☐ I want to join a Special Needs Plan that tailors its benefits to my chronic conditions.(20)

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.