

## Anthem Blue Cross Group-Sponsored Health Plan Enrollment Election Form

All fields on this form are required		
Group sponsor name: <b>City of San Jose</b>	Group #: <b>CAEGR027</b>	
Plan you will join: <input checked="" type="checkbox"/> <b>Senior Secure (HMO) with Senior Rx Plus</b>	Requested effective date of coverage: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y)  Generally the effective date of enrollment will be the first of the month following the enrollment receipt date, unless a future date is requested and is allowed.	
FIRST name:	LAST name:	Middle initial:
Birthdate: (MM/DD/YYYY) (__ / __ / __ __ __ __)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone number: (    ) <input type="checkbox"/> Cell <input type="checkbox"/> Other
<b>Permanent residence street address (Do not enter a P.O. Box):</b>		
City:	State:	ZIP code:
<b>Mailing address, if different from your permanent address (P.O. Box allowed):</b>		
Street address:	City:	State:    ZIP code:
<b>Email address:</b> _____ Your email address will be used for communications only from Anthem Blue Cross. We will not share your email address.		
<b>Your Medicare information:</b>		
<b>Medicare Number:</b>		
<b>Please read and answer these important questions</b>		
1. Are you the retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," retirement date (month/date/year): _____ If "no," name of retiree: _____ Retiree Medicare ID #: _____		
2. Do you have other medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," what is the name of the health plan (e.g., Aetna, Humana, Cigna)? _____ What are the effective dates of coverage? _____		
3. Are you a resident in a long-term care facility, such as a nursing home? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please provide the following information: Name of institution: _____ Address (number and street) and phone number of institution: _____ _____		

4. Will you have other prescription drug coverage (like VA or TRICARE) in addition to this plan?  Yes  No  
Name of other coverage: \_\_\_\_\_ Member number for this coverage: \_\_\_\_\_ Group number for this coverage: \_\_\_\_\_

Please choose a primary care physician (PCP), clinic or health center, and write the name and address below.

This document may be available in an alternate format, such as large print. Please call the First Impressions Welcome Team at **1-833-848-8729**, TTY: **711**, Monday through Friday, 8 a.m. to 9 p.m. ET, except holidays, for additional information or questions you may have.

**IMPORTANT: Read and sign below:**

- I must keep Medicare Medicare Part A and Part B to stay in the plan I have selected.
- **Release of information:** By joining this Medicare Advantage Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Anthem Blue Cross 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 election 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 Senior Secure (HMO) with Senior Rx Plus coverage begins, I must get all of my medical and prescription drug benefits from Anthem Blue Cross. Benefits and services authorized by Anthem Blue Cross and contained in my Senior Secure (HMO) with Senior Rx Plus *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Anthem Blue Cross will pay for benefits or services.**
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this enrollment election form means that I have read and understand the contents of this enrollment election form. 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 election form, and
  - 2) Documentation of this authority is available upon request by Medicare.

**Signature:**

**Today's date:**

If you are the authorized representative, sign above and fill out these fields:

Name:

Address:

Phone number:

Relationship to enrollee:

## HIPAA authorization

If you would like to authorize an individual to have the ability to speak with us and/or obtain protected health information (PHI) on your account, please complete the HIPAA (Health Insurance Portability and Accountability Act) Member Authorization Form on the next page, and **sign and return it with this form**. This form is valid for one year from the signature date.

- If you don't complete the HIPAA form at this time, a future request for this form can be made by contacting Member Services at the telephone number on the back of your membership card.
- If you wish to continue having the authorized representative on your account, a new form is required annually.
- If you have a durable health care power of attorney document, it can also be returned with the HIPAA form.

### Please return this enrollment election form to:

ORS Office

Attn: Tamilynn Imai

1737 North 1st Street, Suite 600

San Jose, CA 95112

Please refer to the Anthem Blue Cross *Evidence of Coverage* for a complete listing of all plan benefits, conditions, limitations and exclusions of coverage.

Our plan has free language interpreter services available to answer questions from non-English-speaking members. Please call the First Impressions Welcome Team number listed in this document to request interpreter services.

Anthem Blue Cross is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.