

Emergency Contact Information (Optional):

Emergency Contact:

Phone Number:

Relationship to You:

Please Read and Answer These Important Questions:

1. Are you the retiree? Yes No If yes, retirement date:

If no, name of retiree:

2. Are you covering a spouse or dependents under this employer or union plan? Yes No

If yes, name of spouse:

Name of Dependents:

3. Do you or your spouse work? Yes No

4. Do you have end-stage renal disease (ESRD)? Yes No

If you have had a successful kidney transplant and/or you do not need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you do not need dialysis; otherwise, we may need to contact you to obtain additional information.

5. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to WellCare TexanPlus HMO? Yes No

If "yes" please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

6. Are you a resident of a long-term care facility, such as a nursing home? Yes No

If "yes", please provide the following information:

Name of Institution:

Address of Institution (number and street):

Licensed Representative:

Attestation of Eligibility for an Enrollment Period (continued)

- 5. I recently returned to the United States after living permanently outside of the U.S.
I returned to the U.S. on

- 6. I recently obtained lawful presence status in the United States. I got this status on

- 7. I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on

- 8. 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

- 9. 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.

- 10. 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

- 11. I recently left a PACE program on

- 12. I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's).
I lost my drug coverage on

- 13. I am leaving employer or union coverage on

- 14. I belong to a pharmacy assistance program provided by my state.

- 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 a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

- 19. Other _____

If none of these statements applies to you or you're not sure, please contact WellCare TexanPlus at 1-866-556-4607 to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week. TTY users should call 711.

Licensed Representative/Office Use Only:

Name of Staff Member/Agent/Broker/Licensed Representative (if assisted in enrollment):

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Licensed Representative Signature: _____ Date Application Received:

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Licensed Representative Initials:

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 Licensed Representative ID:

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Scope of Appointment Verification #:

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Licensed Representative Phone #:

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Special Needs Plans Verification (if applicable):

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Plan ID #: H

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 Effective Date of Coverage:

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ICEP/IEP AEP SEP (type):

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 Not Eligible Cancel Application