



Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan during the annual enrollment period between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage plan during the open enrollment period between January 1 and March 31 of each year, as long as you don't add or drop your prescription drug coverage. Additionally, there are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods.

Please read the following statements carefully and check the box if the statement 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 recently moved outside of the service area for my current plan. I moved on (insert date).
I recently moved and this plan is a new option for me. I moved on (insert date).
I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
I get extra help paying for Medicare prescription drug coverage.
I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on (insert date).
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 employer or union coverage on (insert date).
I belong to a pharmacy assistance program provided by my state.
I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).
None of these statements applies to me.\*

Please contact PrimeTime Health Plan at 330-363-7407 or 1-800-577-5084 (TTY users should call 330-363-7460 or 1-800-617-7446) to see if you are eligible to enroll. Our Call Center hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. Our Lobby hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

Signature: Today's Date:

Please return this form with your enrollment form.

P.O. Box 6905 • Canton, OH 44706-0905
Phone: 330.363.7407 • Tollfree: 800.577.5084
TTY Line: 330.363.7460 / 800.617.7446
Website: www.primetimehealthplan.com