

## ELECTION PERIOD CIRCUMSTANCES

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 review the Election Period Circumstances listed below. If the statement applies to you, please write the circumstance number and date, if applicable, in the box listed on the next page. By listing this number, 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.

CODE	ELECTION PERIOD CIRCUMSTANCE
01	I am new to Medicare.
02	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. <b>*PROVIDE MOVE DATE*</b>
03	I recently returned to the United States (U.S.) after living permanently outside of the U.S. <b>*PROVIDE RETURN DATE*</b>
04	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP)
05	I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums), or I get <i>Extra Help</i> paying for my Medicare prescription drug coverage, but I haven't had a change.
06	I recently had a change in my <i>Extra Help</i> paying for Medicare prescription drug coverage (newly got <i>Extra Help</i> , had a change in the level of <i>Extra Help</i> , or lost <i>Extra Help</i> ). <b>*PROVIDE CHANGE DATE*</b>
07	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). <b>*PROVIDE CHANGE DATE*</b>
08	I am moving into, live in, or recently moved out of a Long-Term Care Facility (e.g., a nursing home or long-term care facility). <b>*PROVIDE MOVE DATE*</b>
09	I recently involuntarily lost my creditable prescription drug coverage (i.e., coverage as good as Medicare's). <b>*PROVIDE DRUG COVERAGE LOSS DATE*</b>
10	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. <b>*PROVIDE ENROLLMENT DATE*</b>
11	I recently left a PACE program. <b>*PROVIDE END DATE*</b>
12	I am leaving employer or union coverage. <b>*PROVIDE LEAVE DATE*</b>
13	I belong to a pharmacy assistance program provided by my state.
14	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
15	I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. <b>*PROVIDE DISENROLLMENT DATE*</b>
16	I was recently released from incarceration. <b>*PROVIDE RELEASE DATE*</b>
17	I recently obtained lawful presence status in the United States. <b>*PROVIDE STATUS DATE*</b>
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	If none of these statements apply to you or you're not sure, please contact Member Services toll-free at <b>855-442-9940</b> (TTY: 711) to see if you are eligible to enroll. We are open Monday through Sunday from 8:00 a.m. to 8:00 p.m.
20	I have a chronic condition that qualifies me for an appropriate Special Needs Plan.