



Enrollment Form

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional - you can't be denied coverage because you don't fill them out.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **IMPORTANT** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your monthly Social Security (or Railroad Retirement Board) benefits.

What happens next?

Send your completed and signed form to:

By Mail:

GlobalHealth, Inc.
P.O. Box 1678
Oklahoma City, OK 73101

By Fax: 405-280-5455

By Email: brokersupport@globalhealth.com

Once they process your request to join, we'll contact you.

How do I get help with this form?

Call GlobalHealth at 1-844-280-5555. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a GlobalHealth al 1-844-280-5555/TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.

If you don't select a payment option, you will get a bill each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. **DON'T** pay GlobalHealth the Part D-IRMAA.

Please select a premium payment option:

Get a bill.

Automatic deduction from your monthly:

Social Security benefit check, or

Railroad Retirement Board (RRB) benefit check

Did someone other than a sales agent help your complete this form?

Complete this section if you're an individual (i.e., SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____

Relationship to enrollee: _____

Signature: _____

OFFICE/AGENT USE ONLY:

Name of staff member/agent/broker (if assisted in enrollment): _____

Agent Received Date:

--	--	--	--	--	--	--	--

Effective Date: (MM/DD/YYYY)

--	--	--	--	--	--	--	--

Agent Signature: _____

Election Type: ICEP/IEP AEP
 MA OEP SEP (type)

--	--	--	--	--	--	--	--

Not eligible

Agency of Agent: _____

Agent Name: (First)

(Last)

Agent ID#:

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

TR K-1 Referral by Provider Referred by Member Company Website Direct Mail Self

Local Community Event Media (TV, News Ad, Mag) Seminar Seminar Follow-up

TR K-2 Personal Appt; Benefit Reply Card (SOA/BRC) Walk-in (SOA) Formal Event (Submit)

Application Mailed by Beneficiary Informal Event (SOA)

Online/Telephonic Application Confirmation #: _____

--	--	--	--	--	--	--	--	--	--	--	--

Date Received: _____

Member ID #: _____

--	--	--	--	--	--	--	--	--	--

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.