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## Please provide your Medicare insurance information

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Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

- OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):  
\_\_\_\_\_

Medicare Number:  
\_\_\_\_\_

Is Entitled to:      Effective Date:

HOSPITAL            (Part A) \_\_\_\_\_

MEDICAL            (Part B) \_\_\_\_\_

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

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## Please read and answer these important questions

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1. Are you the retiree?  Yes  No

If yes, retirement date (month/date/year): \_\_\_\_\_

If no, name of retiree: \_\_\_\_\_

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2. Are you covering a spouse or dependents under this employer or union plan?

Yes  No

If yes, name of spouse: \_\_\_\_\_

Name(s) of dependent(s): \_\_\_\_\_

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3. Do you or your spouse work?  Yes  No
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4. 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 Blue Shield of California Medicare Rx Plan?  Yes  No

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

Name of other coverage: \_\_\_\_\_

ID # for Coverage: \_\_\_\_\_

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

If "yes" please provide the following information:

Name of Institution: \_\_\_\_\_

Address & Phone Number of Institution (number and street):  
\_\_\_\_\_

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**Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:**

Spanish

Large print

Please contact Blue Shield of California Medicare Rx Plan at **(888) 239-6469** if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8.p.m., seven days a week, year round. TTY users should call **711**.

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## **Please read this important information**

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining the Blue Shield of California Medicare Rx Plan, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you, and if you have questions, contact your Medicare Advantage Plan.

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## **Please read and sign below**

### **By completing this enrollment application, I agree to the following:**

Blue Shield of California Medicare Rx Plan is a Medicare Prescription Drug Plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. I can only be in one Medicare Prescription Drug Plan at any time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available (Example: Annual Enrollment Period from October 15 – December 7), or under certain special circumstances.

Blue Shield of California Medicare Rx Plan serves a specific service area. If I move out of the area that Blue Shield of California Medicare Rx Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of the Blue Shield of California Medicare Rx Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue Shield of California Medicare Rx Plan when I get it to know which rules I must follow to get coverage with this Medicare Prescription Drug Plan.

I understand that beginning on the date my Blue Shield of California Medicare Rx Plan coverage begins, I must get all of my prescription drug services from Blue Shield of California. Prescription drugs authorized by Blue Shield of California and contained in my Blue Shield of California Medicare Rx Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR BLUE SHIELD OF CALIFORNIA WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with the Blue Shield of California Medicare Rx Plan, he/she may be paid based on my enrollment in the Blue Shield of California Medicare Rx Plan.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

