



Individual Enrollment Request Form to Enroll in a Medicare Advantage Prescription Drug Plan

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan or Medicare Prescription Drug 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 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.

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 bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Ultimate Health Plans
ATTN: Enrollment
10470 Spring Hill Dr
Spring Hill, FL 34608

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

How do I get help with this form?

Call Ultimate Health Plans at 1-855-858-7526. 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 Ultimate Health Plans al 1-855-858-7526 (TTY 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

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-NEW. 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.



To Enroll in Ultimate Health Plans, Please Provide the Following Information

Section 1 – All fields in this section are required (unless marked optional)

Select the plan you want to join (all plans are \$0 additional plan premium per month):

Citrus County

- 013-4 Premier by Ultimate (HMO)
- 014-2 Premier Plus by Ultimate (HMO)
- 021 Advantage Care by Ultimate (HMO C-SNP)
- 022 Advantage Care CHF by Ultimate (HMO C-SNP)
- 023 Advantage Care COPD by Ultimate (HMO C-SNP)
- 035 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 036 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

Indian River & St. Lucie Counties

- 031 Premier by Ultimate (HMO)
- 032 Premier Plus by Ultimate (HMO)
- 033 Advantage Care by Ultimate (HMO C-SNP)
- 034 Advantage Care COPD by Ultimate (HMO C-SNP)
- 043 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 044 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

Hernando County

- 001 Premier by Ultimate (HMO)
- 014-1 Premier Plus by Ultimate (HMO)
- 019-1 Advantage Care by Ultimate (HMO C-SNP)
- 024 Advantage Care CHF by Ultimate (HMO C-SNP)
- 025 Advantage Care COPD by Ultimate (HMO C-SNP)
- 037 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 038 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

Lake, Marion and Sumter Counties

- 028 Premier by Ultimate (HMO)
- 016 Premier Plus by Ultimate (HMO)
- 029 Advantage Care by Ultimate (HMO C-SNP)
- 030 Advantage Care COPD by Ultimate (HMO C-SNP)
- 041 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 042 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

Hillsborough & Pinellas Counties

- 045 Premier by Ultimate (HMO)
- 026 Advantage Care by Ultimate (HMO C-SNP)
- 027 Advantage Care COPD by Ultimate (HMO C-SNP)
- 039 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 040 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

Pasco County

- 013-3 Premier by Ultimate (HMO)
- 014-1 Premier Plus by Ultimate (HMO)
- 019-2 Advantage Care by Ultimate (HMO C-SNP)
- 024 Advantage Care CHF by Ultimate (HMO C-SNP)
- 025 Advantage Care COPD by Ultimate (HMO C-SNP)
- 037 Advantage Plus by Ultimate (Full) (HMO D-SNP)
- 038 Advantage Plus by Ultimate (Partial) (HMO D-SNP)

FIRST NAME:

LAST NAME:

MI:

BIRTH DATE: (MM/DD/YYYY)

PHONE NUMBER:

SEX:

- Male
- Female

PERMANENT RESIDENCE STREET ADDRESS (Don't enter a PO Box):

CITY:

STATE:

ZIP CODE:

COUNTY (Optional):

MAILING ADDRESS (If different from your Permanent Address – PO Box allowed):

CITY:

STATE:

ZIP CODE:

