

# Thank you for your interest in Elderplan!

**This book includes the plan information you requested along with all of the necessary forms and ways you can enroll.**

If you are ready to enroll, please follow these simple steps:

## **STEP 1: DETERMINE IF YOU ARE ELIGIBLE**

- ✓ Are you entitled to Medicare Parts A and B?
- ✓ Do you live in Queens, Brooklyn, Staten Island, Manhattan, the Bronx, Westchester, Rockland, Putnam, Dutchess, Orange, or Monroe County at least six months out of the year?

Additional eligibility criteria apply for Special Needs Plans (SNP) — see Summary of Benefits for details. If you answered YES to these questions, you are eligible to enroll with Elderplan.

## **STEP 2: JOIN THE ELDERPLAN FAMILY!**

It's easy as 1-2-3 and there are four convenient ways for you to enroll!



### **Going to our website:**

Visit [Elderplan.org](http://Elderplan.org), Click on "Enroll Now." You will be prompted to fill out the appropriate forms.



### **Calling us:**

Prefer to enroll with us over the phone? If you don't have much time or just prefer to talk on the phone, one of our Benefit Advisors will be happy to assist in your enrollment. We can also arrange for a Benefit Advisor to come to your home at a time that's convenient for you.

Simply call us at 1-866-694-3090 (TTY 711 for the hearing impaired) 8 a.m. – 8 p.m., 7 days a week to schedule an appointment.



### **Visiting our office:**

Prefer to come to us? Visit our office located at 6405 Seventh Avenue, Brooklyn, NY 11220. No appointment necessary. Monday thru Friday 9 a.m. to 5 p.m.



### **Mailing the forms:**

Fill out the forms listed on the next page and provided in this book. Mail them in to us in the pre-addressed and stamped envelope provided in the back of the book.

## **STEP 3: REVIEW AND VERIFY**

To ensure your enrollment goes smoothly make sure to include the forms listed on the next page and make sure that **everything** has been filled out completely.



## FORMS THAT NEED TO BE RETURNED:

**Form 1:** Attestation of Eligibility (page 81)

**Form 2:** Elderplan Enrollment Form (page 85)

**Form 3:** Authorization for Access to Patient Information (page 97)

It is important that the following fields on the **enrollment form** are completed:

- **All your personal information:** First and last name, address, date of birth and telephone number. Please print your name as it appears on your Medicare card.
- **Medicare Insurance Information:** Copy your Medicare claim number and effective dates from your Medicare card.
- **Select a premium payment option, if applicable.**
- **Choose a Primary Care Physician (PCP) from Elderplan's network:** You can browse current providers by visiting [www.elderplan.org](http://www.elderplan.org) and clicking on "Find a Provider" or by calling Members Services. Put your initials on the line provided next to your selection for application to be processed.
- **Complete the questions within the enrollment form.**
- **Sign and date the last page of the enrollment form.** Make sure you read all the benefit information prior to signing.
- **Mail it in.** Place the application in the postage paid envelope provided.

## THAT'S IT!

One of the good people at Elderplan will call you to confirm enrollment and answer any questions you may have.

 **elderplan** | homefirst®

**Member Services:** 1-800-353-3765 (TTY/TDD 711)

8 a.m.–8 p.m., 7 days a week

6323 Seventh Avenue, Brooklyn NY, 11220

[www.elderplan.org](http://www.elderplan.org)