



Attestation of Eligibility for an Enrollment Period

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 read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes 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.

- I am new to Medicare.
- 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. I moved on *(insert date)*_____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on *(insert date)*_____.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drugs. I stopped receiving extra help on *(insert date)*_____.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility *(for example, a nursing home or long-term care facility)*. I moved / will move into / out of the facility on *(insert date)*_____.
- I recently left a PACE program on *(insert date)*_____.
- I recently involuntarily lost my creditable prescription drug coverage *(coverage as good as Medicare's)*. I lost my drug coverage on *(insert date)*_____.
- I am leaving employer or union coverage on *(insert date)*_____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on *(insert date)*_____.

If none of these statements applies to you or you're not sure, please contact PrimeTime Health Plan at 330-363-7407 or 1-800-577-5084 (TTY users should call 330-363-7460 or 1-800-617-7446) to see if you are eligible to enroll. Our Service Center hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. Our Lobby hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

Please return this form with your enrollment form.

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TTY Line: 330.363.7460 / 800.617.7446 • Website: www.primetimehealthplan.com