



## Exhibit 1: Model Individual Enrollment Request form to enroll in a Medicare Advantage Plan (Part C)

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

### What happens next?

Send your completed and signed form to:

CommuniCare Advantage  
PO Box 21063  
Eagan, MN 55121-4328

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

### How do I get help with this form?

Call CommuniCare Advantage at (855) 969-5861. TTY/TDD users can call 711.

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

En español: Llame a CommuniCare Advantage, al (844) 854-6888, (TTY/TDD 711) a Medicare gratis al 1-800-633-4227 y oprima el 2 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.



## Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage if you don't fill them out.

Are you Hispanic, Latino/a, or of Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin       Yes, Mexican, Mexican American, Chicano/a  
 Yes, Puerto Rican       Yes, Cuban  
 Yes, another Hispanic, Latino/a, or Spanish origin  
 I choose not to answer

What is your race? Select all that apply.

- American Indian or Alaska Native       Black or African American  
Asian:      Native Hawaiian and Pacific Islander:  
 Asian Indian       Guamanian or Chamorro  
 Chinese       Native Hawaiian  
 Filipino       Samoan  
 Japanese       Other Pacific Islander  
 Korean       White  
 Vietnamese       I choose not to answer.  
 Other Asian

- Let us know if you want information in a language other than English.

Select one if you want us to send you information in an accessible format.

- Braille     Large print     Audio CD

Please contact CommuniCare Advantage at (855) 969-5861 if you need information in an accessible format other than what's listed above. Our office hours are 8:00 a.m. to 8:00 p.m. seven days a week October 1 through March 31 (8:00 a.m. to 8:00 p.m. Monday through Friday April 1 through September 30). TTY/TDD users can call 711.

Do you work?     Yes     No      Does your spouse work?     Yes     No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via email. Select one or more:

- Provider Directory       Pharmacy Directory       Formulary       Summary of Benefits  
 Evidence of Coverage     Non-Discrimination Notice     Notice of Privacy Practice

Email 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 mailing a check 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 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 CommuniCare Advantage the Part D-IRMAA.**

#### 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.