

This form may be used in place of the model individual enrollment form when a member of a PDP sponsor is enrolling into another plan benefit package with the same PDP sponsor. Referenced in section(s): 10.3, 30.1.2, Appendix 1

Personal Information	
Name of Plan You are Enrolling In:	
LAST name: <input style="width: 100%; height: 20px;" type="text"/>	
FIRST name: M.I. <input style="width: 100%; height: 20px;" type="text"/>	
Member ID #: <input style="width: 100%; height: 20px;" type="text"/>	Home Phone Number: <input style="width: 100%; height: 20px;" type="text"/>
Permanent Street Address	
Address: <input style="width: 100%; height: 20px;" type="text"/>	
City: <input style="width: 60%; height: 20px;" type="text"/>	State: <input style="width: 10%; height: 20px;" type="text"/> ZIP Code: <input style="width: 30%; height: 20px;" type="text"/>
Mailing Address (only if different from your Permanent Street Address):	
Address: <input style="width: 100%; height: 20px;" type="text"/>	
City: <input style="width: 60%; height: 20px;" type="text"/>	State: <input style="width: 10%; height: 20px;" type="text"/> ZIP Code: <input style="width: 30%; height: 20px;" type="text"/>
Please fill out the following (Zero premium plans omit this section): I am currently a member of the _____ plan in PrescribaRx with a monthly premium of \$_____. I would like to change to the _____ plan in PrescribaRx. I understand that this plan has different prescription benefits and a monthly premium of \$_____.	
Please check the box below if you would prefer us to send you information in a language other than English or in another format: <input type="checkbox"/> Spanish <i>Please contact PrescribaRx at 1-800-818-0007 (TTY users should call 1-800-958-2692) if you need information in another format or language than what is listed above. Our office hours are 8 AM to 8 PM, evryday.</i>	
Your Plan Premium	
You can pay your monthly plan premium by mail or by Automatic Bank Draft Withdrawal each month. You can also choose to pay your premium by automatic deduction from your Social Security Check each month. If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover. If you don't select a payment option, you will receive a bill each month. Please select a premium payment option: <input type="checkbox"/> Receive a bill <input type="checkbox"/> Automatic Bank Draft Withdrawal <input type="checkbox"/> Automatic deduction from your monthly SSA benefit check. <i>(The SSA deduction may take two or more months to begin. In most cases, the first deduction from your SSA benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)</i>	

