

Enrollment Instructions Applying for HMSA membership is easy!

- ① Write your name, address, and phone numbers.
- ② Check "yes" if you have other medical or dental coverage. Write the name of your carrier(s).
If you are currently enrolled in an employer-sponsored HMSA plan, please contact the group to cancel your plan. Please note that this plan does not coordinate benefits with any other medical insurance plan, including Medicare. Members cannot have any other medical insurance coverage.
- ③ Enter your present or former HMSA subscriber ID.
- ④ Choose your dental option. The Participating Provider Program gives you freedom to see any dentist of your choice. For the Dental Network Program, you must use a dentist within Hawaii Family Dental Centers.
- ⑤ Please fill in your name, sex, birth date, Social Security number, participating health center, and primary care provider. The primary care provider must be with the participating health center specified in the directory of HMSA health centers and providers for individual plans. Under "Current Provider?", check "Yes" if the provider you selected is your current provider. If box is not checked and provider is not accepting new patients or is a specialist, we will not be able to enroll you with that provider. For a list of participating providers, see the *Directory of Health Centers and Providers* or visit HMSA's website at hmsa.com and click on "Find a Doctor."
- ⑥ If you are applying for a family plan, list information for your spouse and each eligible dependent child.
- ⑦ Read the agreement, then sign and date the application.

REMEMBER — ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED OR YOUR ENROLLMENT MAY BE DELAYED. BE SURE TO INCLUDE THE FIRST TWO MONTHS DUES PAYMENT WITH YOUR APPLICATION. ADDITIONAL DUES MAY BE REQUIRED IF APPLYING AFTER THE 10TH OF THE CURRENT MONTH. YOUR APPLICATION IS SUBJECT TO APPROVAL BY HMSA.

Please refer to the brochure for limitations and exclusions that apply to the plan. You may also request a *Guide to Benefits* before joining the plan by calling your local HMSA office. The *Guide to Benefits* provides a more detailed explanation of plan benefits, limitations, and exclusions.

You must be a Hawaii resident to subscribe to this plan. HMSA reserves the right to request proof of eligibility.

IMPORTANT NOTE: Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007 (P.L. 110-173) and 42 U.S.C. 1395 y(b)(7) requires HMSA to report Social Security numbers for anyone on this plan age 55 and over or for anyone on this plan who is otherwise eligible to receive Medicare benefits regardless of age. Effective Jan. 1, 2011, HMSA is required to include anyone on this plan age 45 and over.