

Enrollment Instructions

Applying for HMSA's HPH Conversion Plan is easy!

- ① Write your name, address, telephone numbers, and medical coverage information.
- ② Enter your present or former HMSA membership number.
- ③ Please fill in your name, sex, birth date, Social Security number, participating health center, and primary care provider in the subscriber section. 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. 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."
- ④ If you are applying for a family plan, please fill in the name, sex, birth date, Social Security number, participating health center, and primary care provider for your spouse and each eligible dependent child. 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" for your spouse and each dependent child if the provider selected is their current 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."
- ⑤ Read the agreement, then sign and date the application.

REMEMBER — All items on this application must be completed or your enrollment may be delayed. Your application is subject to review and acceptance by HMSA.

Please refer to the brochure for plan limitations and exclusions and for the list of documents that must accompany your application.

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.