



An Independent Licensee of the Blue Cross and Blue Shield Association

HMSA Medicare Advantage

Attestation of Eligibility for an Enrollment Period

Your Name (First and Last): _____

Date: _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from Oct. 15 through Dec. 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're certifying that, to the best of your knowledge, you're eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I'm new to Medicare.
- ☐ I'm enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ 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 was released from incarceration. I was released 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 recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). 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'm leaving my 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 plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

Questions?

If none of these statements applies to you or you're not sure, contact us to see if you are eligible to enroll.

Call seven days a week, 8 a.m. to 8 p.m.:

- (808) 948-6235 or 1 (800) 693-4672
- TTY: 711

Visit us at an HMSA Center

Honolulu, Oahu
818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m.
Saturday, 9 a.m.–2 p.m.

Pearl City, Oahu
Pearl City Gateway
1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m.
Saturday, 9 a.m.–2 p.m.

Hilo, Hawaii Island
Waiakea Center
303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m.
Saturday, 9 a.m.–2 p.m.

Kahului, Maui
Puunene Shopping Center
70 Hookele St., Suite 1220
Monday–Friday, 9 a.m.–6 p.m.
Saturday, 9 a.m.–2 p.m.

Lihue, Kauai
Kuhio Medical Center
3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m.

Hours of operation may change. Please go to hmsa.com/contact before your visit.