

Thank you for your interest in Fidelis SecureCare! Below we have provided instructions to help you complete your application to join our plan.

**You are eligible to join Fidelis SecureCare if:**

- You are covered by Medicare Parts A and B.
- You live in our service area.
- You have not been diagnosed with End-Stage Renal Disease (ESRD, which is permanent kidney failure) and require regular dialysis at the time of your enrollment.
- You meet certain clinical criteria necessary to meet the Medicare Special Needs Plan for Institutional Beneficiaries, and/or you permanently reside in a nursing facility or assisted living facility for at least 90 days.

**To ensure your application is complete, please make sure you have completed and mailed all necessary information to Fidelis SecureCare.**

1. Complete all sections of the application in full. Missing or incomplete information may cause a delay in the effective date of your coverage.
2. You must provide the information in the Medicare Insurance Information section so we can verify your Medicare eligibility.
3. Your application must be signed, dated, and received by Fidelis SecureCare by the last calendar day of the month in order for your coverage to be effective the first day of the following month. For example, for an application that is completed, signed, dated, and received by Fidelis SecureCare between January 1 and January 31, coverage will be effective February 1.
4. If the applicant has a Durable Power of Attorney, Durable Power of Attorney for Healthcare, or a legal guardian or a conservator, the legal representative must provide proof that he or she is authorized to act on the applicant's behalf. Please include this proof with the application and sign the application where indicated.
5. After signing and dating your application, detach and keep the pink copy for your records. Mail the remaining original signed and dated copies to Fidelis SecureCare. If you are faxing your application, you still need to mail in the original signed and dated copies. Here is the mailing address and fax number:  
**Mailing Address:** Fidelis SecureCare Enrollment, 1700 E Golf Rd, Ste 1115, Schaumburg, IL 60173  
**Fax Number:** 1-866-542-0688
6. Once Fidelis SecureCare has your enrollment form, you will get a call from a plan representative. This call is to make sure that you understand how the plan works and to confirm your intention to enroll in Fidelis SecureCare. If Fidelis SecureCare isn't able to reach you by telephone, then you will get a letter by mail that contains similar information.
7. If you have any questions, please call Fidelis SecureCare Customer Service at 1-877-372-8085. TTY users should call 1-888-844-5530. We are open Monday through Friday from 8:00 AM to 6:00 PM. During Medicare's Open Enrollment Election Period, Customer Service is open seven days a week, from 8:00 AM to 8:00 PM.



**To Enroll in Fidelis SecureCare,  
Please Provide the Following Information**

Fidelis Secure Comfort HMO (005)

Fidelis Secure Comfort Plus HMO (006)

Fidelis Secure Independence HMO (007)

**MI Only:**  Fidelis Secure At Home HMO (008)

Mr.  Mrs.  Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  M  F Social Security Number (Optional) \_\_\_\_\_

Permanent Residence Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (only if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please Provide Your Medicare Insurance Information**

Please take out your Medicare Card to complete this section. Please fill in these blanks so they match your red, white and blue Medicare Card. Or, attach a copy of the Medicare Card or your letter from the Social Security Administration or Railroad Retirement Board. You must have Medicare Part A and Part B to join a Medicare Advantage Plan.

Name \_\_\_\_\_ Medicare Number \_\_\_\_\_ Sex \_\_\_\_\_ Is Entitled to \_\_\_\_\_ HOSPITAL (PART A) \_\_\_\_\_ MEDICAL (PART B) \_\_\_\_\_  
 Male  Female Effective Date \_\_\_\_\_

**Please Read and Answer These Important Questions**

1. Do you have End Stage Renal Disease (ESRD)?  Yes  No  
 If you answered "Yes" to this question and you don't need regular dialysis any more, or if you have had a successful kidney transplant, **please attach a note or records** from your doctor showing you don't need dialysis or have had a successful kidney transplant.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.  
 Will you have other prescription drug coverage in addition to Fidelis SecureCare?  Yes  No  
 If yes, please list your other drug coverage and identification (ID) number(s) for this coverage:  
 Name of other coverage \_\_\_\_\_ ID # for this coverage \_\_\_\_\_ Group # for this coverage \_\_\_\_\_

3. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No  
 If you answered "Yes", please provide the following information:  
 Name of Institution \_\_\_\_\_ Address & Telephone of Institution \_\_\_\_\_ Admission Date \_\_\_\_\_

4. Are you enrolled in your state Medicaid Program?  Yes  No  
 If you answered "Yes", please provide your Medicaid Number: \_\_\_\_\_

5. Do you or your spouse work?  Yes  No

6. Do you need assistance with activities of daily living?  Yes  No

7. Please choose the name of a Primary Care Physician (PCP)  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

8. Is your primary language something other than English?  Yes  No  
 If you answered "Yes," please list your language: \_\_\_\_\_ (1)

You can pay your monthly plan premium by mail, or you can choose to pay your premium by automatic deduction from your Social Security Check each month. (2) If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all of part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. Please select a premium payment option:  
 Get a Bill  Automatic Deduction from monthly Social Security benefit check (3)  
 Automatic Deduction from my bank account (Please complete authorization form)

**STOP – Please Read the Important Information on the Reverse Side before Signing**

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

If you are an Authorized Representative, you must sign above and provide the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

FOR OFFICE USE ONLY EFFECTIVE DATE: \_\_\_\_\_

Name of Agent (if assisted in enrollment): \_\_\_\_\_

Plan ID: \_\_\_\_\_ Election:  OEPI  Other: \_\_\_\_\_

**If you currently have health coverage from an employer or union, joining Fidelis SecureCare could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Fidelis SecureCare.** Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

## **PLEASE READ AND SIGN**

### **By completing this enrollment application, I agree to the following:**

Fidelis SecureCare is Health Plan with a Medicare Contract. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future.

Fidelis SecureCare serves a specific service area. If I move out of the area that Fidelis SecureCare serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Fidelis SecureCare, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage from Fidelis SecureCare when I get it to know which rules I must follow in order to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Fidelis SecureCare coverage begins, I must get all of my health care from Fidelis SecureCare, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by Fidelis SecureCare and other services contained in my Fidelis SecureCare Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR FIDELIS SECURECARE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Fidelis SecureCare, he/she may be paid based on my enrollment in Fidelis SecureCare.

By joining this plan, I confirm that I am not getting any financial support from my current or former employer group or union (or my spouse's current or former employer group or union) to buy medical services or medical coverage, prescription drugs or prescription drug coverage or to pay for, in whole or in part, my enrollment in a Medicare Advantage or Medicare drug plan.

## **Release of Information**

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Fidelis SecureCare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Fidelis SecureCare or by Medicare.

- (1) Please contact Fidelis SecureCare at 1-877-372-8085. If you need information in another format or language other than what is listed. We are open Monday through Friday from 8:00 AM to 6:00 PM. During Medicare's Open Enrollment Election Period, Customer Service is open seven days a week, from 8:00 AM to 8:00 PM. TTY users should call 1-888-844-5530.
- (2) People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or late enrollment penalty. Many people are eligible for these saving and don't even know it. For more information about this extra help, contact your local Social Security Office or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp).
- (3) The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.