

Enrollment Application Instructions

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 criteria necessary to meet the Medicare Special Needs Plan for our Plans
 - You reside in a contracted nursing facility, OR
 - You live at home and you need the type of care that is usually provided in a nursing home, OR
 - You have both Medicare and Full Medicaid.

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, 20 N. Martingale Road, Suite 180, Schaumburg, IL 60173
Fax Number: 1-866-542-0688

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.

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 seven days a week from 8:00 AM to 8:00 PM.

A Coordinated Care plan with a Medicare Advantage contract
and a contract with the Michigan Medicaid program

To Enroll in Fidelis SecureCare HMO SNP Please Provide the Following Information

Last Name: _____ First Name: _____ MI: _____

Mr. Mrs. Ms. Birth Date: _____ Sex: Male Female

Permanent Residence Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Relationship: _____ Email Address: _____

Please Read and Answer These Important Questions

1. Do you have End Stage Renal Disease (ESRD)? Yes No
If you have had a successful kidney transplant and/or you don't need regular dialysis any more, **please attach a note or records** from your doctor showing you have had a successful kidney transplant and you don't need dialysis, otherwise we may need to contact you to obtain additional information.

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), Clinic or Health Center
Name: _____

8. Please check below if you would prefer us to send you information in a language other than English or in another format (1): Spanish Other:

Please Check Which Plan You Want to Enroll in

Secure Comfort (005) Secure Comfort Plus (006) Secure Independence (007) Secure Freedom (011)

MICHIGAN ONLY: Secure Liberty (012) Secure Liberty Select (013) SecureHome (014)

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: Male Female Is Entitled to HOSPITAL (PART A) MEDICAL (PART B)
Effective Date _____ _____

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, or you can choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month, or you can choose to pay your premium by automatic deduction from your bank account. 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 doesn't cover. **Please see the reverse side for more information regarding premium payment.**

Please select a premium payment option:

- Get a Bill / Medicaid
- Automatic Deduction from monthly Social Security or Railroad Retirement Board (RRB) benefit check
- Automatic Deduction from my bank account (Please complete authorization form)

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

Signature: _____ Today's Date: _____

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

Name: _____ Relationship: _____

Address & Telephone: _____

FOR OFFICE USE ONLY

EFFECTIVE DATE OF COVERAGE: _____ Plan ID: _____

Name of Agent (if assisted in enrollment): _____

Election: ICEP/IEP AEP SEP Type: _____ Not Eligible

PLEASE READ THIS IMPORTANT INFORMATION

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 a Medicare Advantage plan and has a contract with the Federal Government. 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 Fidelis SecureCare 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 from Medicare.

Information Regarding Your Plan Premium

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay Fidelis SecureCare the Part D-IRMAA.

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.

If you do not select a payment option, you will get a bill each month.

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

(1) Please contact Fidelis SecureCare at 1-877-372-8085 if you need information in another format or language other than what is listed. Our office hours are 8:00 AM to 8:00 PM seven days a week. TTY users should call 1-888-844-5530.



A Health Plan with a Medicare Contract

A Coordinated Care plan with a Medicare Advantage contract and a contract with the Michigan Medicaid program