



Please contact PHP Medicare (HMO-POS) Sales at 844.529.3826 if you need assistance completing this form or information in another language or format (Braille). TTY users call the national relay service toll free at 711.

TO ENROLL IN A Sparrow Advantage (HMO-POS) PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please check which plan you want to enroll in:
 Sparrow Advantage (HMO-POS) (Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee Counties) \$0 per month
 Sparrow Advantage Plus (HMO-POS) (Clinton, Eaton, Gratiot, Ingham, Ionia, Montcalm, Shiawassee Counties) \$25 per month

Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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Birth Date: (__ __ / __ __ / __ __ __ __) (M M / D D / Y Y Y Y)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()	Alternate Phone Number: ()
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Permanent Residence Street Address(P.O. Box is not allowed):	County:
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City:	State:	Zip Code:
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Mailing Street Address (only if different from your Permanent Residence Address):

City:	State:	Zip:
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E-mail Address (optional):

Emergency Contact:	Phone Number:
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Relationship to You:

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

<p>Please take out your red, white, and blue Medicare card to complete this section:</p> <ul style="list-style-type: none"> • Fill out the information as it appears on your Medicare card. -OR- • Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board. <p>You must have Medicare Part A and Part B to join a Medicare Advantage plan.</p>	<p>Name (as it appears on your Medicare card): _____</p> <p>Medicare Number: _____</p> <p>Is Entitled To Effective Date:</p> <p>Hospital (Part A) ___ / ___ / _____</p> <p>Medical (Part B) ___ / ___ / _____</p>
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PAYING YOUR PLAN PREMIUM

If you enroll in a zero-premium plan: If we determine that you owe a late enrollment penalty, (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail or Electronic Funds Transfer (EFT) from you bank each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration (SSA). 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 the RRB. **DO NOT** pay Sparrow Advantage the Part D-IRMAA.

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 Sparrow Advantage or by Medicare.

Signature:	Today's Date:
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If you are the authorized representative, you must sign above and provide the following information:

Name:	Relationship to Enrollee:	Phone Number:	
Address:	City:	State:	Zip:

FOR OFFICE USE ONLY

Confirmation # (Quick Entry or Phone Enroll):

Plan ID#:	Effective Date of Coverage:
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Election Periods:	<input type="checkbox"/> ICEP (I)	<input type="checkbox"/> IEP (E)	<input type="checkbox"/> 2nd IEP (F)	<input type="checkbox"/> AEP (A)	<input type="checkbox"/> OEP	<input type="checkbox"/> OEPI (T)
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Special Election Periods: (Check all that apply)

SEP (S)

- SPAP
- Loss of SNP
- Retro Entitlement
- Involuntary Loss/Cred. Coverage
- Contract/Plan Non-Renewal
- Contract Violations
- Contract Term – Immediate
- Contract Term – MAO
- Contract Term – CMS
- CMS Sanction
- Not informed/Cred. Coverage
- Error/Fed Employee

SEP (V)

- Permanent Move

SEP (W)

- Gain or Loss of Employer Coverage

SEP (U)

- Dual Eligible
- Medicaid Loss
- Non-Dual with LIS
- Non-Dual LIS loss

Producer Name:	Producer NPN:	Application Receipt Date:
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Please return completed application to:

Physicians Health Plan
P.O. Box 12487
St. Louis, MO 63132

Please call 844.529.3826 for more information, including free language translation services, regarding your Sparrow Advantage plan. TTY users call the national relay service toll free at 711. Our telephone lines are open seven days a week from 8:00 a.m. to 8:00 p.m. You may receive a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message and your call will be returned the next business day. PHP Medicare is an HMO-POS plan with a Medicare contract. Enrollment in PHP Medicare depends on contract renewal. You must continue to pay your Medicare part B premium.