

Enrollment Instructions

Thank you for choosing Health First Health Plans for your Medicare Advantage Plan.

(A Medicare Advantage Plan is not a Medigap Policy.)

How to Enroll – You have several options:

- Complete the paper enrollment form and mail it back in the enclosed envelope to us at:
6450 U.S. Highway 1, Rockledge, FL 32955
- Call us at **1.800.716.7737 (TDD/TTY: 1.800.955.8771)** to request a phone enrollment
- Enroll online
 - Directly through Health First Health Plans at myHFHP.org
 - Medicare beneficiaries may also enroll in Health First Health Plans through the CMS Medicare Online Enrollment Center located at medicare.gov
- Call Medicare at **1.800.MEDICARE or 1.800.633.4227 (TTY: 1.877.486.2048)** 24 hours a day, 7 days a week.

When submitting an enrollment form, please remember to:

Read the instructions at the beginning of each section and fill out the entire form.

Important Reminders:

- Page 1 –
 - Check off which plan you would like to enroll in
 - Provide correct and complete contact information
 - Provide Medicare card information on form or a copy of your Medicare card
- Page 2 – If a premium applies to the elected plan, please select a payment option
- Page 3 – Read and answer all questions
- Page 4 – Sign and date enrollment form
- Page 5 – Elect your eligibility for enrollment (i.e., New to Medicare)

Remove the perforated pages marked Customer Copy and retain for your records. Mail back the five white pages in the postage-paid envelope.

What to Expect

Within 10 calendar days, you will receive:

- An **Acknowledgment** letter showing your Member Number, plan name and effective date. Use this as proof of coverage until you receive your ID card.
- A **Medicare Enrollment Confirmation letter**.
- A **Welcome Packet**
- An **Outbound Enrollment Verification letter**. This letter verifies your enrollment request onto our plan.

Within 15 calendar days, you will receive:

- A **Membership ID card** that you will use for all your medical and prescription needs in place of your red, white and blue Medicare card.

Note: Beneficiaries who enroll in Medicare drug plans after they are first eligible, or who have had a break in coverage of 63 or more consecutive days, will be mailed a Declaration of Prior Prescription Drug Coverage Form to show proof of prior drug coverage.

I understand my enrollment in this plan will automatically end my enrollment in another Medicare Advantage or Prescription Drug Plan. **Medicare Supplement plans do not automatically cancel. You will need to contact the carrier to cancel your policy.**

For further assistance, call Customer Service toll-free at 1.800.716.7737 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to March 31, we're available seven days a week from 8 a.m. to 8 p.m.