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

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

**Health First Health Plans**

**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.