

Please respond to all questions

1. Are you the retiree?

Yes

No

If yes, retirement date (month/day/year): _____

If no, name of retiree: _____

2. Are you covering a spouse or dependents under this employer or union plan?

If yes, name of spouse: _____

Chinese
Filipino

Native Hawaiian
Other Asian

White
I choose not to answer

Please contact <Medicare Plus Blue Group PPO> Customer Service at <**1-866-684-8216**> (TTY users call **711**) if you need information in an accessible format or language other than what is listed below.

I understand that if I am receiving assistance from a sales agent, broker, or other individual employed by or contracted with <Medicare Plus Blue Group PPO>, he/she may be paid based on my enrollment in <Medicare Plus Blue Group PPO>.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options, medical assistance through the State Medicaid Program and the Medicare Savings Program.

Release of Information: By joining this Medicare health plan, I acknowledge that the <Medicare Plus Blue Group PPO> will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that <Medicare Plus Blue Group PPO> who will release my information, including my prescription drug event data, to Medicare, who may release it for research and other