

GlobalHealth Medicare Advantage Plans

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on:
- I recently was released from incarceration. I was released on:
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on:
- I recently obtained lawful presence status in the United States. I got this status on:
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance or lost Medicaid) on:
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on:
- I have both Medicare and Medicaid (or my state helps me pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on:
- I recently left a PACE program on:

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- I recently involuntarily lost my credible prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on:
- I am leaving employer or union coverage on:
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:
- I was enrolled in a Special Needs Plan (SNP), but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on:
- I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)). One of the statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- I was enrolled in a plan(s) that are experiencing financial difficulties to such an extent that a state or territorial regulatory authority has placed the organization in receivership on: Plan Name: _____
- I was enrolled in a plan that identified with the low performing icon (LPI). Plan Name: _____

If none of these statements applies to you or you're not sure, please contact GlobalHealth at 1-844-280-5555 (TTY users should call 711) to see if you are eligible to enroll. We are open 8:00 a.m. to 8:00 p.m., 7 days a week (October 1 - March 31) and Monday - Friday (April 1- September 30).