



Short Enrollment Form Request

Name:		Medicare Number (required):	
Home Phone:		Email Address:	
Permanent Street Address (P.O. Box is not allowed):			
City:		State:	ZIP:
Mailing Address (only if different from your perm. address):			
City:		State:	ZIP:
Name of Your Primary Care Provider:			<input type="checkbox"/> Current <input type="checkbox"/> New

Please fill out the following:

I am currently a member of the: (check one)

- Charter + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$148**.
- Peak + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$0**.
- Sound + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$47**.
- Alpine (HMO) plan in Soundpath Health with a monthly premium of **\$47**.

I would like to change to the: (check one)

- Charter + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$146**.
- Peak + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$0**.
- Sound + Rx (HMO) plan in Soundpath Health with a monthly premium of **\$40**.
- Alpine (HMO) plan in Soundpath Health with a monthly premium of **\$42**.

I understand that this plan has different health benefits and a different monthly premium. I would like my coverage to start on the 1st of _____ (month), _____(year).

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in another format:

- Braille
- CD
- Large Print
- Spanish
- Other language (please specify)

If you need information in another format or another language than what is listed above, contact Soundpath Health Customer Service at 1-866-789-7747 (TTY 711). Our hours of operation are 8 am to 8 pm, Monday - Friday and 8 am to 8 pm, Monday - Sunday, October 1 through February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. TTY users should call 711.

Your Plan Premium

If you are enrolling in our Peak + Rx plan and 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) each month. You can also 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, you will be notified by the Social Security Administration. 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 or Railroad Retirement Board (RRB) benefit check or be billed directly by Medicare or the RRB. Do NOT pay Soundpath Health the Part D-IRMAA.

If you are enrolling in the Sound + Rx, Charter + Rx or Alpine plan, you can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or “Electronic Funds Transfer” (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. 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 or Railroad Retirement Board (RRB) benefit check or be billed directly by Medicare or the RRB. Do NOT pay Soundpath Health the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

Payment Options

If you don't select a payment option, you will receive a monthly billing statement if applicable. If you want to change how you pay your plan premium, please select a payment option:

- Electronic Funds Transfer (EFT) from my bank account on the 3rd day of each month. Please enclose a VOIDED check and provide the following:

Account holder name:

Bank routing number: Checking Savings

Bank account number:

- Receive a monthly billing statement.
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please Read This Important Information Before Signing Below:

Soundpath Health is a plan that has a contract with the Federal government.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Soundpath Health, he/she may be paid based on my enrollment in Soundpath Health.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Soundpath Health will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand that people with Medicare aren't covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Soundpath Health coverage begins, I must get all of my health care from Soundpath Health physicians except for emergency or urgently needed services or out-of-area dialysis services by a Medicare-certified provider. Services authorized by Soundpath Health and other services contained in my Soundpath Health Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor Soundpath Health will pay for the services.**

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 Medicare.

Your Signature: **Date:**

If you are the authorized representative, you must sign above and provide the following:

Name: **Relationship to Enrollee:**

Address: **Phone:**

Soundpath Health is an HMO plan with a Medicare contract. Enrollment in Soundpath Health depends on contract renewal. You must continue to pay your Medicare Part B premium. Soundpath Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-789-7747 (TTY: 711)。ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-789-7747 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-789-7747 (TTY: 711). This information can be made available in other formats or languages. Please call Customer Service at 1-866-789-7747 (TTY: 711) Monday - Friday 8 am to 8 pm, and Monday - Sunday 8 am to 8 pm from October 1 to February 14. You may reach a voicemail on weekends and holidays; please leave a message and your call will be returned the next business day. Soundpath Health is licensed as a Health Care Service Contractor in Washington State.

Office Use Only:

Name of Staff Member/Agent/Broker (If assisted in enrollment)	Broker ID	Receipt Date
Effective Date of Coverage	ICEP/IEP/IEP2	AEP
		SEP (type)