

2019 Seniors Choice Group Retiree Plans Coverage Change Form

This form is for member election of coverage for the Seniors Choice Group Retiree Medical and Part D Prescription Drug Plans Only

Open enrollment ends on *December 3rd, 2018*. You may change your coverage with this form. **You may only enroll in a plan which your Sponsoring Entity has chosen.** If you elect to change your Seniors Choice Group Retiree Medical Plan and/or Part D Prescription Drug Plan coverage, please complete this form and return by *December 3rd*.

Section 1 -

Changes Made/Acceptance (Check only one)

- I wish to make changes to my current Seniors Choice Group Renewal Plan. (Proceed to Section 2)
- I **do not** wish to make changes to my current Seniors Choice Group Renewal Plan. (Skip to Section 3)
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Section 2 -

ENROLLEE INFORMATION (Complete only if changing coverage from your current Seniors Choice Group Retiree Plan):

Member ID or Account #: _____

Name of Member: _____

Address: _____

Email (Required): _____ Phone Number: _____

Is this a new permanent address? ____ Yes ____ No

Medical:

Please enroll me in the _____ Deductible Medical Plan
(Deductible amount)

Prescription:

Please enroll me in the _____ Part D Prescription Drug Plan
(Rx plan name)

Section 3 -

Your signature is required below to change plans.

Changes of coverage will be effective January 1, 2019, if received by December 3rd, 2018.

If you wish to keep your current plan the same, you do not need to return the form.

Enrollee Signature

Date

Online: www.mbaadmin.com/memberchangeform/
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