

SENIORS CHOICE SPONSORING ENTITY CHANGE FORM

2019 Seniors Choice Medical and Prescription Drug Plan Options

Please indicate any changes to medical and/or prescription plan options. Please return this completed form via email, fax, or mail to Seniors Choice using the contact information at the bottom of this form by October 9, 2018. If we do not receive a Change Form back by this date, we will assume no changes to the current offerings.

Retirees may only enroll in the Group Retiree Medical Plan(s) in which you sponsor.

Sponsoring Entity Name: _____ Acct # _____

Contact Name: _____ Email (Required): _____

Sponsoring Entity Address: _____

Telephone #: _____ Fax#: _____

**In order to ensure your renewal form is processed correctly, please complete all applicable fields legibly.*

Section 1 – Changes Made/Acceptance (Check only one)

- We wish to **replace** our current plan offerings with the following selections for the Seniors Choice 2019 plan year. (Proceed to section 2)
- In addition to our current 2018 plan offerings, we **do** wish to offer the plans listed below for the Seniors Choice 2019 plan year. (Proceed to section 2)
- We **do not** wish to make any changes regarding our group coverage options and keep all current plan offerings the same for the Seniors Choice 2019 plan year. (Skip to Section 4)

Section 2 – Medical Plan Options (Check **all** plan options you would like to offer for 2019)

Please choose from the following plan types below:

- Co-pay Plan No Co-pay Plan

Please choose the desired deductible offerings:

- \$0 \$100 \$150 \$250 \$500 \$750
 \$1000 \$1500 \$2000 \$2500 \$3000 \$4000

Which Optional Benefits will you offer your retirees?

Optional Benefits are only available with Deductible plans. If selected, **all members must participate**. Members cannot opt-out.

- Private Duty Nursing Comprehensive Wellness
 At Home Recovery Skilled Nursing (101 to 365 days per calendar year)

If you currently offer a Choice, Preferred or Premier Medical plan, you may keep the same coverage or replace it with a Deductible plan.

Retirees may only enroll in the Group Retiree Medical Plan(s) in which you sponsor.

Section 3 – Part D Prescription Drug Plan Options (Check **only ONE** plan option you would like to offer for 2019)

I wish to sponsor the following Seniors Choice Prescription Drug Plan as of January 1, 2019:

- Choice Prescription Plan Preferred Prescription Plan Premier Prescription Plan

Section 4 –

Sponsoring Entity Signature: _____ **Date:** _____

(Authorized Representative)

Sponsoring Entity Change Form Submission Methods:

Online: www.Mbaadmin.com/groupchangeform/

Mail:
Merchants Benefit Administration
Seniors Choice Administration
15974 N. 77th St Suite 102
Scottsdale, AZ 85260

Email: memberservices@mbaadmin.com

Fax: (480) 776-5050
Questions? Please call (888) 538-9333
OR contact your agent