



A Regional Medicare Prescription Drug Plan

**To ensure enrollment in BlueRx, please complete and return this form with your application**

Typically, you may enroll in a Medicare Prescription Drug Plan only during the annual enrollment period between November 15 and December 31 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Prescription Drug Plan outside of the annual enrollment period.

Please read the statements to the right carefully and check the box if the statement applies to you. By checking any of these 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.

\*\*If you have any questions, please call our Medicare Sales Department at 1-800-292-5146 (TTY/TDD users should call 1-800-257-3384), 8 a.m. – 9 p.m. Eastern Time, 7 days a week. Between March 2 and September 30, you may be required to leave a message on weekends and holidays. Calls will be returned the next business day.

BlueRx contracts with CMS as a regional Medicare prescription drug plan.



BlueRx is a Regional Medicare Prescription Drug Plan provided by Blue Cross and Blue Shield of Alabama and BlueCross BlueShield of Tennessee, Independent Licensees of the Blue Cross and Blue Shield Association.

**Enrollment Form Checklist**

Applicant Name \_\_\_\_\_

Home Telephone No.: (\_\_\_\_) \_\_\_\_\_

- I am making my annual enrollment period election (Nov. 15 – Dec. 31)
- I am making my open enrollment period election (Jan. 1 – Mar. 31)\*
- I am new to Medicare.
- I have moved outside my current Medicare health plan's or Medicare prescription drug plan's service area as of \_\_\_\_\_.
- I recently moved and this plan is a new option for me.
- I have both Medicare and Medicaid or my state helps pay for my Medicare Premiums.
- I receive extra help paying for Medicare prescription drug coverage.
- I am no longer eligible for extra help paying for my Medicare prescription drugs as of \_\_\_\_\_.
- I live in or recently moved out of a Long Term Care Facility (for example, a nursing home or long term care facility).
- I left a PACE program as of \_\_\_\_\_.
- I involuntarily lost my creditable prescription drug coverage (as good as Medicare's) as of \_\_\_\_\_.
- I am either losing coverage I had from an employer or union or leaving employer or union coverage as of \_\_\_\_\_.
- I belong to a pharmacy assistance program provided by my state.
- I recently returned to the United States after living permanently outside of the U.S. as of \_\_\_\_\_.
- None of these statements apply to me.\*\*

\*Leaving a Medicare Advantage Plan with Part D