Advantage Plus Enrollment Form

Hawaii Region

Thank you for your interest in our Advantage Plus plan. Combining the benefits of Advantage Plus with your Kaiser Permanente Senior Advantage (HMO) plan can enhance your health and well-being. Please read all pages of this enrollment form carefully before signing.

Enrollment periods

The Advantage Plus optional supplemental benefits package is **only** available to members who are enrolled in or have recently applied for a Kaiser Permanente Senior Advantage Individual Plan.

- **New Senior Advantage member:** If you are a new Kaiser Permanente Senior Advantage member, you can add Advantage Plus within 30 days of your Senior Advantage effective date.
- **Existing Senior Advantage member:** If you already have Kaiser Permanente Senior Advantage, you can sign up for Advantage Plus from October 15, 2022, until March 31, 2023 (your enrollment form must be received in our office by this date).

How to enroll in Advantage Plus

Online: You can complete the entire enrollment process online. Enrolling is fast and easy at **kp.org/advantageplus**.

Mail: To enroll by mail, complete and mail pages 3 and 4 of this form.

Please keep a copy of this form for your records. Do not send cash or check. You will be billed.

Return the signed form to: Kaiser Permanente
Medicare Unit
P.O. Box 232400
San Diego, CA 92193-2400

You can also FAX or EMAIL your completed form to: FAX: **1-855-355-5334**
EMAIL: **KPMedicareEnrollments@kp.org**

You can check the progress of your application online at **kp.org/medicare/applicationstatus**.

If you have questions, please call us at **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Important information: Print in CAPITAL LETTERS and use blue or black ink only. Fill in check boxes with an "X" to mark your responses.

A. Plan benefits

The Advantage Plus supplemental benefits package includes comprehensive dental, hearing aid, and eyewear coverage for **$44** per month. A **$44** monthly premium for Advantage Plus benefits will be added to your Kaiser Permanente Senior Advantage monthly premium. (Not available under the Senior Advantage Medicare Medicaid (HMO D-SNP) plan.)

B. Subscriber information

Last name

First name | MI | Gender ☐ Male ☐ Female

Kaiser Permanente medical/health record # | Medicare number (found on your Medicare card)

Home phone number | Mobile phone number | Date of birth (mm/dd/yyyy)

Permanent residence street address (P.O. box is not allowed)

City | State | ZIP code

Mailing address, if different from permanent residence (P.O. box is OK)

City | State | ZIP code

Email address

Select one if you want us to send you information in a language other than English. ☐ Spanish

Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large Print ☐ Audio CD

Please contact Kaiser Permanente at **1-800-805-2739** if you need information in an accessible format other than what's listed above. Our office hours are 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711.**

Subscriber name

C. Conditions of enrollment

By completing this application form:

- I agree to adding the Advantage Plus optional supplemental benefits package that gives me comprehensive dental, hearing aid, and eyewear coverage for **$44** per month, which is in addition to my Medicare and Kaiser Permanente Senior Advantage premiums.
- I understand that the Advantage Plus optional supplemental benefits package is only available to members enrolled in a Kaiser Permanente Senior Advantage Individual Plan.
- I understand that the optional supplemental benefits package adds more benefits to my Kaiser Permanente Senior Advantage coverage and is subject to the terms and conditions stated in the Kaiser Permanente Senior Advantage **Evidence of Coverage**.
- I understand that I can disenroll from Advantage Plus coverage at any time. If I disenroll, I will not be eligible to enroll again until the following times: 1) between October 15 and December 31, for coverage to become effective on January 1; 2) between January 1 and March 31, or; 3) within 30 days of when I make a Kaiser Permanente Senior Advantage plan change during another Special Enrollment Period for coverage effective the first of the month following receipt of the request.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application (including the "Conditions of enrollment" section above). If signed by an authorized representative (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 by Medicare.

Signature

Today's date (mm/dd/yyyy)

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

Name

Address

City

State

ZIP code

Phone number

Relationship to member