

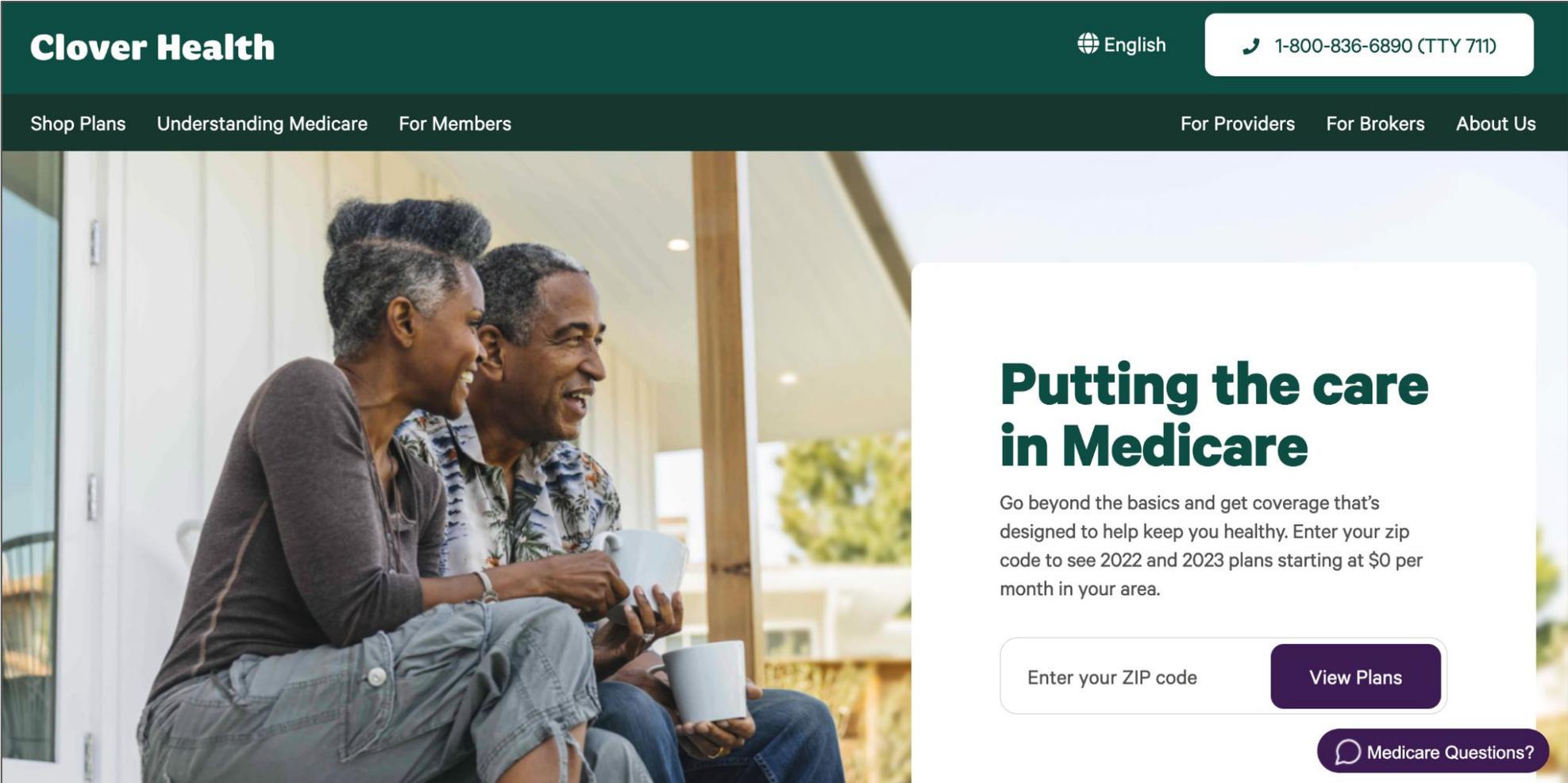


Online Enrollment Quick Reference Guide

Clover Health
There's no better Medicare plan

*For Agent Use Only

Go To www.cloverhealth.com



Clover Health

English 1-800-836-6890 (TTY 711)

Shop Plans Understanding Medicare For Members For Providers For Brokers About Us

Putting the care in Medicare

Go beyond the basics and get coverage that's designed to help keep you healthy. Enter your zip code to see 2022 and 2023 plans starting at \$0 per month in your area.

Enter your ZIP code [View Plans](#)

[Medicare Questions?](#)

Select For Brokers

- You must access the online application via the **FOR BROKERS** section to ensure you are the Broker of Record.

Shop Plans Understanding Medicare For Members For Providers **For Brokers** About Us

Why Sell Clover Health → Interested in selling Clover Health? Here's why members love it.

Broker FAQ → You've got questions, we've got answers. Find them here.

Broker Portals → Access your Broker Marketing Portal or your Evolve Broker Portal.

Provider & Formulary Lookup → Find in-network doctors and specialists and covered drugs here.

Helpful Resources → From guides and FAQs to checklists and portals, here's what you need to succeed.

Broker Event Registration → Sign up for local events with Medicare eligibles in the communities Clover serves.

Plan Documents & Enrollment → Find information on plans and benefits and download enrollment forms.

- Select **PLAN DOCUMENTS & ENROLLMENT** to access the online enrollment application.

Search Plans by Zip Code

- Enter your client's zip code



Find the right plan for your client and enroll here.

Enter your client's zip code to see plans available in their county.

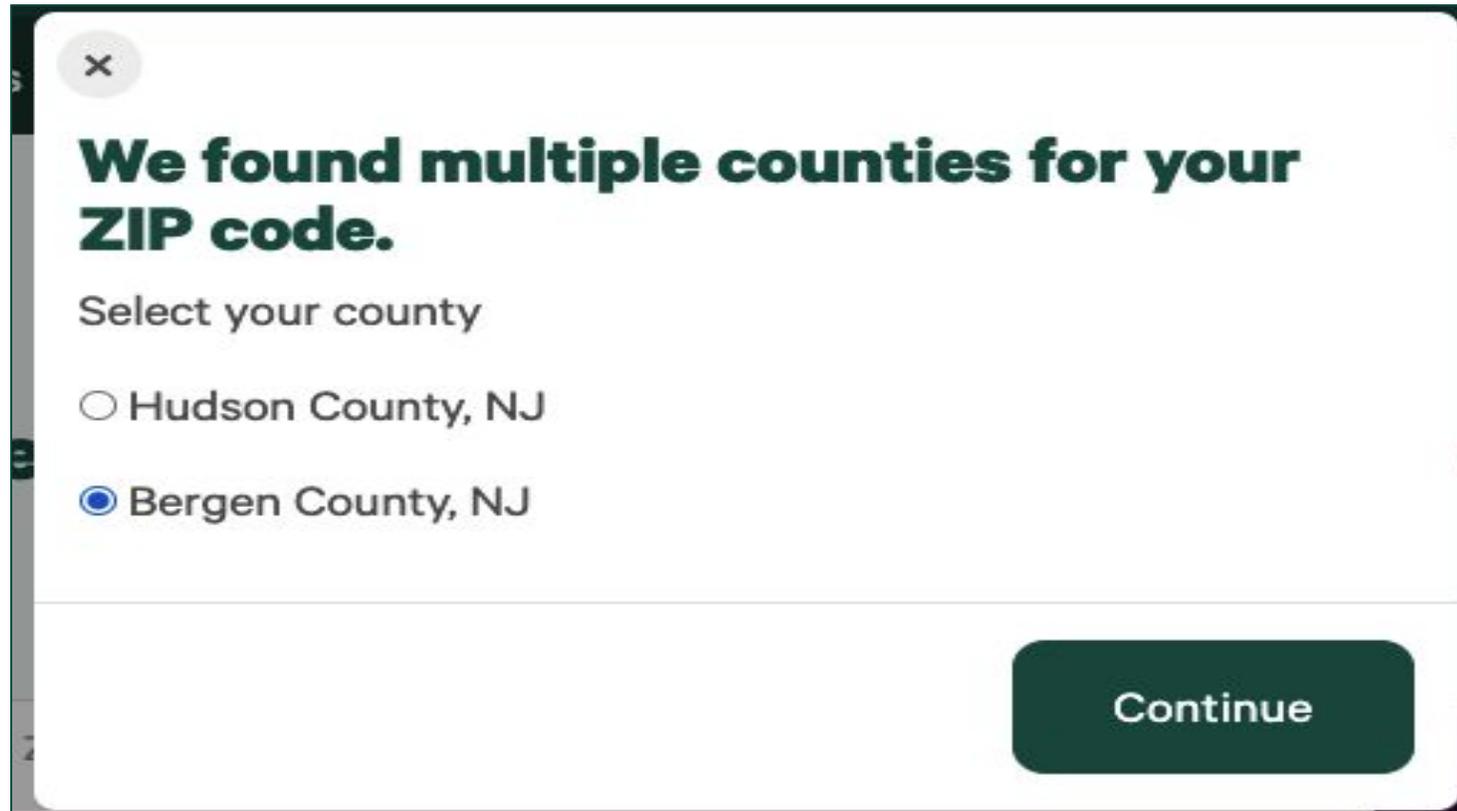
Enter your ZIP code

|

Search

Select Desired County

- If applicable, select the appropriate county.



We found multiple counties for your ZIP code.

Select your county

Hudson County, NJ

Bergen County, NJ

Continue

Select Desired Plan

- Plans available will display by zip/county selection.

We have 6 plans in Bergen County in 2023.

We can help you figure out if Clover is right for you.

Call [1-800-836-6890](tel:1-800-836-6890) (TTY 711)
8am-8pm local time, 7 days a week

[Contact us](#)

Available plans

Here are the plans available in your area. If you have any questions, don't hesitate to [give us a call](#).

Plan Name	Premium	Plan Number	Plan Selection Button
Clover Health Classic (HMO) (002)	\$0 / month	002	Select Clover Health Classic (HMO) (002)
Clover Health Premier (PPO) (054)	\$0 / month	054	Select Clover Health Premier (PPO) (054)
Clover Health Value (HMO) (003)	\$35 / month	003	Select Clover Health Value (HMO) (003)
Clover Health Choice Value (PPO) (007)	\$35 / month	007	Select Clover Health Choice Value (PPO) (007)
Clover Health Premier Value (PPO) (055)	\$35 / month	055	Select Clover Health Premier Value (PPO) (055)
Clover Health Choice (PPO) (004)	\$0 / month	004	Select Clover Health Choice (PPO) (004)

[Medicare Questions?](#)

Additional Plan Details

- Additional plan details are available if you scroll down and select the link.

Click link to see full benefit details for plan. 

Available plans

Here are the plans available in your area. If you have any questions, don't hesitate to [give us a call](#).

<p>Clover Health Classic (HMO) (002)</p> <p>\$0 / month</p> <p>A plan with \$0 to low copays, diabetes monitoring supplies, no Part D deductible, allowances for comprehensive dental, eyewear, and OTC items.</p> <p>View full benefits</p>	<p>Clover Health Premier (PPO) (054)</p> <p>\$0 / month</p> <p>A plan that offers a monthly Part B Giveback to reduce your Medicare Part B premium. Plus prescription drug coverage, low doctor copays and an eyewear allowance.</p> <p>View full benefits</p>	<p>Clover Health Value (HMO) (003)</p> <p>\$35 / month</p> <p>A plan with \$0 to low copays and allowances for comprehensive dental, eyewear, and OTC items. Best if you receive Extra Help for prescriptions.</p> <p>View full benefits</p>	<p>Clover Health Choice Value (PPO) (007)</p> <p>\$35 / month</p> <p>A plan with the freedom to choose your PCP without paying more. Plus allowances for comprehensive dental, eyewear, and over-the-counter items.</p> <p>View full benefits</p>	<p>Clover Health Premier Value (PPO) (055)</p> <p>\$35 / month</p> <p>A plan that offers a monthly Part B Giveback to reduce your Medicare Part B premium. Plus prescription drug coverage, low doctor copays and an eyewear allowance.</p> <p>View full benefits</p>	<p>Clover Health Choice (PPO) (004)</p> <p>\$0 / month</p> <p>A plan with the freedom to choose your PCP without paying more. Plus allowances for comprehensive dental, eyewear, and over-the-counter items.</p> <p>View full benefits</p>
<p>Select Clover Health Classic (HMO) (002)</p>	<p>Select Clover Health Premier (PPO) (054)</p>	<p>Select Clover Health Value (HMO) (003)</p>	<p>Select Clover Health Choice Value (PPO) (007)</p>	<p>Select Clover Health Premier Value (PPO) (055)</p>	<p>Select Clover Health Choice (PPO) (004)</p>

 Medicare Questions?

Scroll for Extra Benefits & Services

- See Side-by-side benefit comparisons on each available plan.

Dental →

Vision →

Extra benefits and services

Clover plans include these important benefits and services. Original Medicare doesn't.

Routine dental exams and cleanings

Includes annual oral exam(s), cleanings, and X-Ray.

✓	✓	✓	✓	✓	✓
---	---	---	---	---	---

Comprehensive dental

A yearly allowance for dentures, fillings, crowns, and more.

✓		✓	✓		✓
---	--	---	---	--	---

Routine vision exams

Includes 1 exam plus a yearly allowance for glasses or contacts.

--	--	--	--	--	--

Select Clover Health
Classic (HMO) (002)

Select Clover Health
Premier (PPO) (054)

Select Clover Health
Value (HMO) (003)

Select Clover Health
Choice Value (PPO)
(007)

Select Clover Health
Premier Value (PPO)
(055)

Select Clover Health
Choice (PPO) (004)

Medicare Questions

Scroll for Core Benefits

- See Side-by-side benefit comparisons on each available plan.

Select link
for
provider
directory





Core Benefits

With Clover Health, we try to keep your copays as low as possible to keep your out-of-pocket costs as low as possible. Original Medicare only pays 80% and doesn't cover most prescription drugs.

Max. out of pocket cost

This is the most you'll pay out of pocket during the plan year.

\$8,300	\$12,450	\$8,300	\$12,450	\$12,450	\$10,000
---------	----------	---------	----------	----------	----------

Primary care visits*

See your primary care doctor as often as you need to.

[See if your doctor is in-network](#) →

\$0	\$0	\$0	\$0	\$0	\$0
-----	-----	-----	-----	-----	-----

Specialist visits*

See specialists as often as you need to.

Select Clover Health Classic (HMO) (002)	Select Clover Health Premier (PPO) (054)	Select Clover Health Value (HMO) (003)	Select Clover Health Choice Value (PPO) (007)	Select Clover Health Premier Value (PPO) (055)	Select Clover Health Choice (PPO) (004)
--	--	--	---	--	---

[Medicare Questions?](#)

Scroll for Prescription Comparisons

- See Side-by-side prescription cost comparisons on each available plan.

Click link for formulary 

Prescription costs
 Prices are for a 30-day supply from an in-network pharmacy.
[See if your medications are covered](#) →

\$0 for Tier 1	\$0 for Tier 1	\$2 for Tier 1	\$2 for Tier 1	\$0 for Tier 1	\$0 for Tier 1
\$10 for Tier 2	22% for Tier 2	22% for Tier 2	22% for Tier 2	22% for Tier 2	\$10 for Tier 2
\$40 for Tier 3	22% for Tier 3	22% for Tier 3	22% for Tier 3	22% for Tier 3	\$37 for Tier 3
\$90 for Tier 4	25% for Tier 4	25% for Tier 4	25% for Tier 4	25% for Tier 4	\$90 for Tier 4
30% for Tier 5	25% for Tier 5	30% for Tier 5			
\$150 for Tiers 3–5 deductible	\$300 for Tiers 2–5 deductible	\$505 for Tiers 2–5 deductible	\$480 for Tiers 2–5 deductible	\$480 for Tiers 2–5 deductible	\$150 for Tiers 3–5 deductible

Select
Clover
Health
Classic
(HMO)
(002)

Select
Clover
Health
Premier
(PPO)
(054)

Select
Clover
Health
Value
(HMO)
(003)

Select
Clover
Health
Choice
Value
(PPO)
(007)

Select
Clover
Health
Premier
Value
(PPO)
(055)

Select
Clover
Health
Choice
(PPO)
(004)

 Medicare Questions?

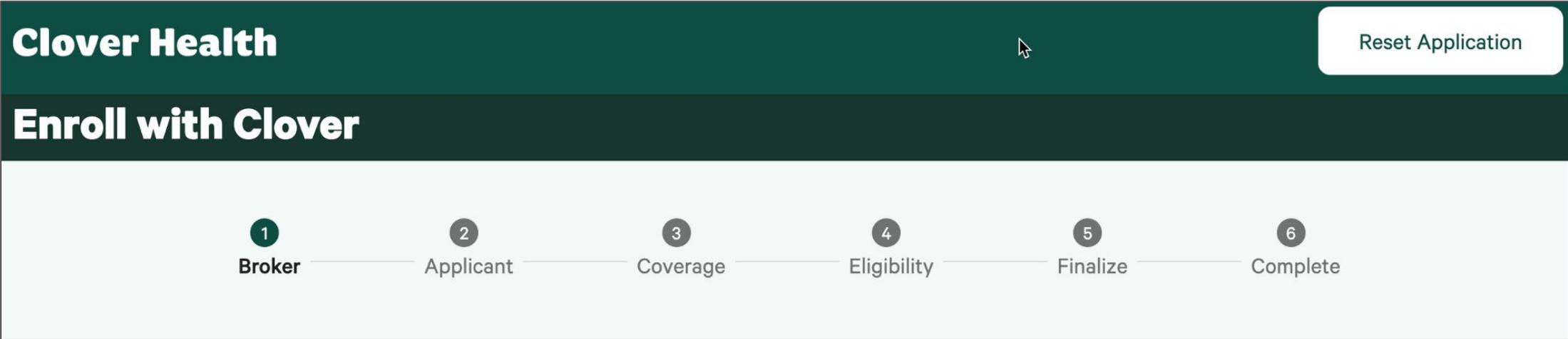
Make Plan Selection

- Make a plan selection to begin application process.

Select Clover Health Classic (HMO) (002)	Select Clover Health Premier (PPO) (054)	Select Clover Health Value (HMO) (003)	Select Clover Health Choice Value (PPO) (007)	Select Clover Health Premier Value (PPO) (055)	Select Clover Health Choice (PPO) (004)
---	---	---	---	--	--

Enrollment Process Steps

- Please note the 6 six easy steps in the enrollment process.



Broker Information

- The first field displayed will be a request for your NPN if not, you will not be the broker of record.

The screenshot shows a web form titled "Broker" with a sub-header "You are enrolling in: Clover Health Value (HMO)(003)" and a "Switch Plan" button. A red asterisk indicates required fields. The form is divided into two sections: "Identification Information" and "Application Details".

Identification Information

- National Producer Number (NPN) * (input field)
- Confirm National Producer Number * (input field)

Application Details

- Date application was received by broker (input field, format MM/DD/YYYY)
- Application Type * (radio buttons):
 - I am a broker in an **in-person appointment** and my client will **electronically sign** their application.
 - I am a broker (or Agency admin on behalf of broker) who completed an **in-person appointment** at which my **client personally signed a paper application** and I am entering the exact information from that completed/signed paper application on their behalf.
 - I am a broker in a **telephonic or virtual appointment** who will enter my client's information on the application and capture a recording of sales appointment and enrollment per CMS requirement.
- Scope of Appointment (SOA) * (checkbox):
 - By checking this box and as broker of record, you confirm that, in addition to completing this enrollment form, a Scope of Appointment (SOA) has been completed per CMS requirements and understand that SOA documentation must be retained for 10 years. If you have any questions on how to complete an SOA, please call Broker Support at (855) 979-2236.

Enter NPN

Select if face-to-face with client and they can key in their signature.

NOTE: It is no longer required to upload completed SOA as part of the application but requirement to capture and retain remains.

The 'Switch Plan' button will allow you to change plans while enrolling but is not a plan change request for existing members.

Select if you are using a completed paper application with the client's wet signature.

Select if appointment/enrollment is being entered over the phone/virtually.

Applicant Information

- Complete fields marked with a **RED** asterisk (*).

Applicant

You are enrolling in: **Clover Health Choice (PPO)(001)** [Switch Plan](#)

* Indicates a required field

Personal Information

First Name * Middle Initial Last Name *

Date of Birth * Gender * Female Male
Format MM/DD/YYYY

Race * Ethnicity *
Select all that apply

Contact Information

Permanent Residence Street Address *
Street address Apt, suite, unit (optional)
Don't enter a PO Box

No street address (PO Box is allowed if homeless) [?](#)

City * State Zip code

Mailing Address same as Residence? *
 Yes No

Primary Phone Number *

Alternate Phone Number (Optional)

Email

Why provide Clover Health your email address?

Providing your email allows us to:

- Send your application submission confirmation page
- Send you updates on the status of your application submission
- Provide you with updates and information about your Clover Health plan benefits and programs

- Race & Ethnicity are newly required by CMS but you may choose to opt out.

- Improved email communication.

Applicant Information cont'd

- Complete fields marked with a RED asterisk (*).

Communication Preference

Language Preference (Optional) * Special Accommodations (Optional) *

Select one Select one

Plan Documents (Optional)

Select all

Select all you wish to receive via email

i Need additional help?

Please contact Clover at 1-888-778-1478 if you need information in an accessible format or language other than what is listed. Our office hours are 8 am-8 pm local time, 7 days a week. Between April 1st and September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays. TTY users should call 711.

Special Accommodations (Optional)

None

Braille

Large Print

Audio CD

Language Preference (Optional)

English

Spanish

Other

Select all

Other Coverage Information

- Complete all required fields marked with RED asterisk (*).

Additional Insurance Coverage

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clover Health Choice (PPO)(001)? *

Yes No

Do you work? *

Yes No

Does your spouse work? *

Yes No N/A

Physician Selection

Choose the the statement which best describes your current situation. *

I have or would like to choose a primary care physician, clinic, or health center.
 I don't have a primary care physician, clinic, or health center.

⚠ Out-of-network Providers

Please note that out-of-network providers are under no obligation to treat Clover members, except in emergency situations.

Eligibility Information

- Complete fields marked with a **RED** asterisk (*).

Part A & B
dates will be
validated by
CMS

Medicare Information

Medicare Number *

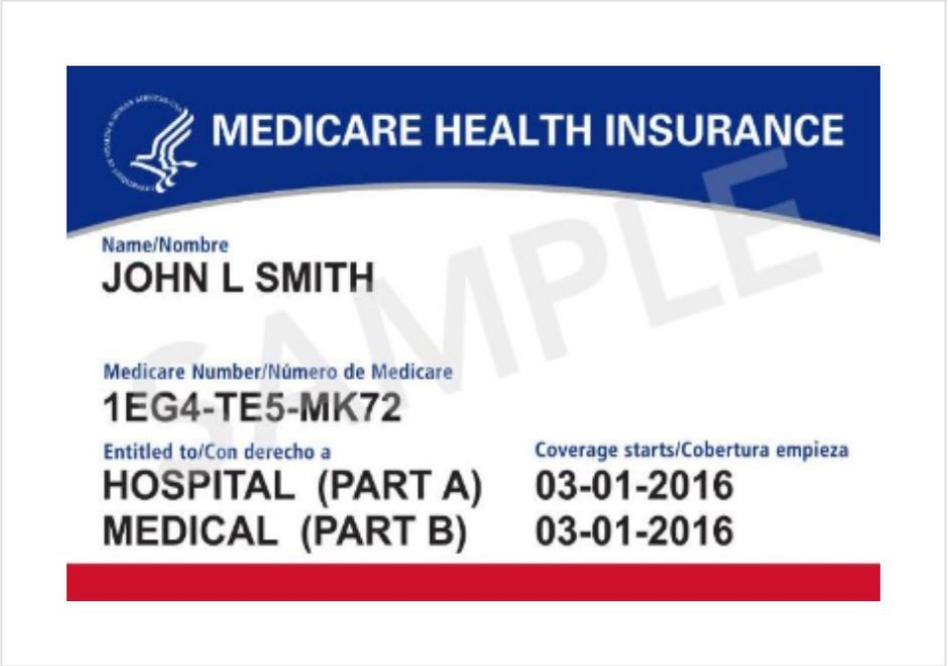
Medicare Number is **required**.

Part A Coverage Date

Ex. 03-01-2016

Part B Coverage Date

Ex. 03-01-2016



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Eligibility Information

- Select all that are appropriate, regardless of enrollment period time-frame.

Most common

- I'm in a Medicare Advantage Plan and want to make a change. ?
- I am new to Medicare ?
- I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join Medicare Advantage Plan. ?
- I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. ?
- I had Medicare prior to now, but I'm now turning 65. ?
- I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program. ?
- I recently had a change in my Extra Help paying for my drug costs (newly got Extra Help, had a change in my level of Extra Help, or lost Extra Help) ?

Change of living circumstances

- I moved to a new address that's outside my current plan's service area, or I recently moved and this plan is a new option for me. ?
- I was released from jail. ?
- I moved back to the U.S. after living outside the country. ?
- I recently got lawful presence status in the U.S. ?
- I live in a long-term care facility, like a nursing home or a rehabilitation hospital. ?
- I recently moved out of a long-term care facility, like a nursing home or a rehabilitation hospital. ?

Eligibility Information

- Select all that are appropriate, regardless of enrollment period time-frame.

Lost coverage

- I left coverage from my employer or union (including COBRA coverage). ?
- I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable. ?
- I lost my coverage because my plan no longer covers the area that I live or it ended its contract with Medicare. ?
- I lost my coverage because Medicare ended its contract with my plan. I got a letter from Medicare saying I could join another plan. ?
- I dropped my coverage in a PACE (Programs of All-Inclusive Care for the Elderly) plan. ?

Other special circumstances

- I have or am enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage). ?
- I lost my Special Needs Plan because I no longer have a condition required for that plan. ?
- I have both Medicare and Medicaid, my state helps pay for my Medicare premiums, or I get Extra Help paying my Medicare drug coverage. ?
- I recently had a change in my Medicaid (newly got Medicaid, had a change in my level of Medicaid, or lost Medicaid). ?
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. ?
- I requested Medicare information in an accessible format. I got less time to make my decision, or I didn't get it in time to make a choice before my enrollment period ended. ?
- I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster. ?
- I'm in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher. ?
- I'm in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan. ?

Effective Date and Payment

- Select effective date month and year.

\$0 premium plans will only offer Direct Bill or EFT as options

If selecting SSA/RRB, please read the details closely to understand the timing of premium deductions/payments with SSA/RRB.

Effective Date

Effective date is the date your coverage for this Plan will begin, if eligible for that date. Benefits usually begin the first day of the month following your application but can be delayed under certain circumstances based on Medicare eligibility guidelines. During the Annual Enrollment Period, benefits will begin January first of the following year.

Select your requested effective date below.

Start Date *

Select one

Payment Method

Plan	Monthly Premium
Clover Health Value (HMO)(003)	\$35.00

 If Medicare requires Clover to apply a Late Enrollment Penalty (LEP), it will be added to your Clover Health plan premium.

How do you want to pay your monthly premium? *

Direct Bill

EFT (Electronic Fund Transfer)

SSA (Automatic Deduction from monthly Social Security)

RRB (Automatic Deduction from monthly Railroad Retirement)

Note: Any *Late Enrollment Penalty (LEP)* is calculated by CMS and communicated to Clover for Clover to collect from the member.

EFT as a Billing Option

- Enter EFT banking information

How do you want to pay your monthly premium? *

Direct Bill

EFT (Electronic Fund Transfer)

SSA (Automatic Deduction from monthly Social Security check)

RRB (Automatic Deduction from monthly Railroad Retirement Board benefits)

Account Holder Name *

Account Type *

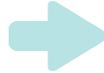
Checking Savings

Routing Number * Bank Account Number *

SSA or RRB Deduction as a Billing Option

- Coordination of deduction from SSA or RRB will occur post enrollment.

Please note the timeframe and process while determining payment and eligibility.



Clover Health can coordinate with Social Security Administration (SSA) or the Railroad Retirement Board (RRB) to have your plan premium (and any Late Enrollment Penalty) automatically deducted from your benefits check. Eligibility is determined by SSA or RRB.

It may take 2 or more months to determine eligibility and/or coordinate deduction. You will receive a bill in the mail during this time. You may disregard while you wait to hear of SSA/RRB determination. If SSA/RRB denies your eligibility, you will need to pay any premium in arrears.

If SSA/RRB validates your eligibility and approves automatic deduction, the first deduction from your benefit check will start the month following notification of eligibility. Usually, the first deduction is equal to 2 months of premium (plus LEP, if applicable). After that initial deduction, SSA/RRB will only deduct 1 month's premium payment (plus LEP, if applicable) at a time.

If SSA/RRB denies your eligibility for automatic deduction, Clover Health will Direct Bill you for your monthly premium. You may change from Direct Bill to EFT by calling member services at 1-888-778-1478 (TTY 711).

Authorize and Approve

- Client, as applicant, should read, select proper authorization and key signature into signature box.

Authorization

Select a statement which best describes your relationship with the applicant listed on this enrollment application. *

I am the applicant.

I am the authorized representative of the applicant under the laws of the state in which this individual resides.



Note: This selection is NOT for indicating you are broker of record; this is for situation where a Power of Attorney or the like is assisting with application

Authorize and Approve

- Client, as applicant, must read, select proper authorization and key signature into signature box.

Sign Application

By completing and submitting this form, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Clover Health.
- By joining this Medicare Advantage plan, I acknowledge that Clover Health will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Clover Health coverage begins, I must get all of my medical and prescription drug benefits from Clover Health. Benefits and services provided by Clover Health and contained in my Clover Health "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Clover Health will pay for benefits or services that are not covered.
- 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.

Statement of Understanding (SOU)

- My Clover plan will now provide all my Medicare health and/or prescription drug coverage. I will use my Clover ID card instead of my Medicare card when I require medical services or visit the pharmacy. Note: The plan I have chosen is not a Medicare Supplemental (Medigap) plan.
- I will not be covered by this plan until the Center for Medicare and Medicaid Service (CMS) can verify my eligibility. As a result, my actual "effective date" may be different from the one on my application.
- I understand that any federal or state subsidies I may have or am eligible for is not governed by Clover. However, my agent has educated me about these programs and helped me enroll if I am eligible.
- My agent has reviewed the Summary of Benefits with me. I understand the plan's premium, Part D deductible, all covered benefits, copays, and coinsurance amounts. Based on this review, my agent and I have determined that I am a good fit to enroll in Clover based on my current health plan needs.
- My Part D Prescription Drug coverage includes only those drugs found in the plan's formulary, unless an exception is granted.
- Out-of-network providers are not required by law to accept Clover members (except for emergency or urgently needed services or out-area dialysis).

By checking this box, I certify that I understand the statements above and that I have completed an enrollment form. I also understand Medicare must review all enrollment applications.

Signature *

Your typed name acts as representation of your signature

- 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. 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.

Summary Review

- Application is not yet submitted. Review all information in the summary and then click SUBMIT APPLICATION button at bottom of page to submit to Clover.

Progress: Broker ✓ Applicant ✓ Coverage ✓ Eligibility ✓ Finalize ✓ Complete 6

Review Summary

You are enrolling in: **Clover Health Value (HMO)(003)** [Switch Plan](#)

⚠️ Your application is not yet submitted.
Please review all information on this page and click SUBMIT APPLICATION button at bottom of page to submit to Clover.

Broker

NPN	123456
Broker Signature Date	Jan 6, 2023
Application Type	I am a broker in an in-person appointment and my client will electronically sign their application.

Plan Details

Plan Name	Clover Health Value (HMO) (003)
Plan Year	2023
Monthly Premium	\$35.00

Applicant

Name	Betty Boop
Date of Birth	09/04/1956
Gender	F
Race	I choose not to answer
Ethnicity	I choose not to answer
Permanent Residence Address	100 Main street Brighton, NJ 07099
Mailing Address same as Residence?	YES
Primary Phone Number	1234567890 (landline)
Alternate Phone Number	
Email	tweight@test.com
Language Preference	English
Special Accommodations	
Plan Documents	

Summary Review

- Review all information in the summary and click SUBMIT APPLICATION button at bottom of page to submit to Clover.

Coverage	
Will you have other prescription drug coverage (like VA, TRICARE) in addition to Clover Health?	NO
Do you work?	NO
Does your spouse work?	NO
Eligibility	
Medicare Number	1EG4TE5MK72
Part A Coverage Date	03-01-2016
Part B Coverage Date	03-01-2016
Eligibility Reason(s)	I am new to Medicare

Effective Date	
Requested coverage start date:	February 1, 2023
Payment Method	
You have elected to pay with:	Direct Bill
Authorization	
Application authorized by:	Applicant

Application Confirmation

- Confirmation of submission and options to print, email or download summary.

Awesome!
We've received your application.

[Send Email](#)

Your confirmation number is **PJ8XMFARKDHDDL4M**.

You've submitted an application for **Clover Health Value (HMO)(003)**.

Your requested effective date is **February 1, 2023***.

CMS, the federal agency that runs the Medicare program, must approve all enrollments. Once approved, you should receive your ID card in approximately 7-10 days. We will communicate with you if any Additional Information is needed. Our Agents will call you to confirm information if that can be obtained through a verbal mode.

[Print Summary](#) [Download Summary](#)

Post Enrollment

- Link to complete Getting to Know You survey.
- Access your Broker Portal to review application status, your book of business and commission statements (if paid directly by Clover Health)

\$50 broker payout for completion within 72 hours



What's Next?

- 1 Getting to Know You**

Let's get acquainted!

Please complete the [Getting to Know You \(Health Assessment\) Survey](#) form.
- 2 Continuity of Care**

We want to be sure that you continue medically necessary treatments if you are new to Medicare, or are switching from another Medicare insurance plan. To qualify, you must be receiving covered services from a previous health insurance plan at the time that you move to Clover. These are known as Continuity of Care Benefits. If you qualify for continuity of care, please fill out the form below to submit your request electronically.

[Continuity of Care Request Form](#)

*Subject to change and Medicare approval.

* Completing the survey also earns the member \$100 in the LiveHealthy Rewards program

Post Enrollment

- Link to complete Getting to Know You survey.
- Access your Broker Portal to review application status, your book of business and commission statements (if paid directly by Clover Health)

\$50 broker payout for completion within 72 hours



What's Next?

- 1 Getting to Know You**

Let's get acquainted!

Please complete the [Getting to Know You \(Health Assessment\) Survey](#) form.
- 2 Continuity of Care**

We want to be sure that you continue medically necessary treatments if you are new to Medicare, or are switching from another Medicare insurance plan. To qualify, you must be receiving covered services from a previous health insurance plan at the time that you move to Clover. These are known as Continuity of Care Benefits. If you qualify for continuity of care, please fill out the form below to submit your request electronically.

[Continuity of Care Request Form](#)

*Subject to change and Medicare approval.

Application Issues

- If you experience issues with the online enrollment application, please consider these options:

Access and complete a paper application.

- Paper application can be found in Clover's Enrollment kit OR you can download and print a pdf of the application from the Plan Documents and Enrollments section of the For Brokers page.
- Submit paper application via fax, email or mail OR enter into online application at a later time.

Access the online enrollment application at a later time (allow at least 15 minutes before trying again and clear your cache and cookies before doing so).

Contact Broker Support to report the issue and determine next steps.

1-855-979-2236 (press 3 for issues) OR brokers@cloverhealth.com

Monday – Friday, 9am – 7pm ET

- Specifics to where/how you encountered an issue are helpful, such as the section of the application, the zip for the applicant, the plan selected, etc.
- Screenshots of any error messaging also very helpful.