

Clover

Statement of Understanding

Initial each statement you reviewed and understand.

____ 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 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).

| Enrollee Statement | |
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| By signing this form, 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. | |
| Enrollee Name: _____ | Legal Representative Name: _____ |
| MBI #: _____ | |
| Estimated Enrollment Start Date: ___ / ___ / ___ * | Plan selected: _____ |
| Clover Online Confirmation #: _____ (only for face to face digital enrollments) | |
| Signature: (Enrollee or legal representative) _____ Date: ___ / ___ / ___ | Agent Signature: _____ Agent's Phone #: (___) ___ - ____ Date: ___ / ___ / ___ |
| Agent must submit a copy of this form with the enrollment application. Agent must leave the carbon copy with the enrollee. | |

Clover Health is a Preferred Provider Organization (PPO) plan and a Health Maintenance Organization (HMO) plan with a Medicare contract. Enrollment in Clover Health depends on contract renewal. This information is not a complete description of benefits. Call 1-888-657-1207 (TTY 711) for more information.

Clover Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-888-657-1207 (TTY 711).

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-657-1207 (TTY 711).

小贴士:如果您说普通话,欢迎使用免费语言协助服务。请拨 1-888-657-1207 (TTY 711)。

We are open from 8 am–8 pm EST, 7 days a week. From April 1st through September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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