

## Coverage Request

On this day \_\_\_\_\_, I \_\_\_\_\_  
have been explained in full the features and benefits of the insurance plan  
called \_\_\_\_\_.

After reviewing the plan and by having my questions answered, I fully understand the plan and would like to enroll. I do realize that this plan will now be my new coverage and I will no longer have the plan I had prior to this enrollment. I do see the benefit of this plan for myself and I would like to enroll. I do understand that if this plan is an HMO, I have to remain in the plans network to receive the benefits. If I do not remain in the plans network, I am responsible for the full cost. I do understand that if my plan has a deductible, I may have to meet the deductible before the receive benefits from the plan. If I previously had a Medicare Supplement Plan, I do understand that I must cancel my plan when I receive confirmation from the new Medicare health plan. It is not done automatically. Furthermore, I do understand that the agent whom enrolled me into this plan is contracted and compensated by the insurance carrier.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date