



2011 Enrollment Form

PMC Medicare Choice (PMC) (PDP)

MediMax Medicare Prescription Drug Plan Individual Enrollment Form

Please contact PMC if you need information in another language or format (For example, Braille).

To Enroll in PMC, please provide the following information:

Last Names:

First Name:

Middle Initial:

Mr.
 Mrs.
 Ms.

Birth Date:

Sex:

 M
 F

Home Phone Number:

Alternate Phone Number:

Permanent Residence Address (physical address, P.O. Box is not allowed):

City:

State:

ZIP Code:

Mailing Address (only if different from your permanent residence address):

City:

State:

ZIP Code:

Emergency contact:

Phone Number:

Relationship to You:

Previous Prescription Drug Coverage:

Please check which plan you want to enroll in:

Plan	PBP Number	Coverage	Monthly Premium
<input type="checkbox"/> MediMax One	009	Prescription Drug Plan	\$ 7.70
<input type="checkbox"/> MediMax Plus	010	Prescription Drug Plan	\$ 47.80
<input type="checkbox"/> MediMax Elite	013	Prescription Drug Plan	\$ 57.50



Will you have other prescription drug coverage in addition to PMC Medicare Choice, Inc.? Yes No
If “yes”, please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____

Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? Yes No
If “yes”, please provide the following information:

Name of institution: _____

Phone number of institution: - -

Address of institution: _____

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in another format:

Spanish Braille Large Print Audio format Other (specify) _____

Please contact PMC Medicare Choice, Inc. at 787-625-2126 (Metro Area) or 1-866-516-7700 (toll free) if you need information in another format or language other than what is listed above. TTY users should call 1-866-516-7701. Our office hours are Monday through Sunday, from 7:30 a.m. to 8:00 p.m.



Please Read This Important Information



If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining PMC Medicare Choice, Inc., your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have any questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining PMC Medicare Choice, Inc. could affect your employer or union health benefits. You could lose your employer or union health coverage if you join PMC Medicare Choice, Inc. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Please Read and Sign Below:

By completing this enrollment application, I agree to the following:

PMC Medicare Choice, Inc. is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform PMC Medicare Choice, Inc. of any prescription drug coverage that I have or may get in the future. I can be in only one Medicare prescription drug plan at a time - if I am currently in a Medicare Prescription Drug Plan, my enrollment in PMC Medicare Choice, Inc. will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.



