



# 2025 Plan Change Form for Medicare Prescription Drug Plan

Individuals experiencing homelessness:

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

**Name of Plan you are enrolling in:**

[illegible]

### A. Personal Information:

First Name:

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Middle Initial:

Last Name:

[illegible]

Suffix:



Member Number:

[illegible]

Medicare Number:



Area Code:      Telephone Number:

$$\square\square\square - \square\square\square - \square\square\square$$

Primary Phone Number:

			-				-			
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Alternate Phone Number: (optional)

$$\square\square\square - \square\square\square - \square\square\square\square$$

Email Address: (optional)

[illegible]

Permanent Residence Street Address:

[illegible]

City:

[illegible]

State:

10/10

Zip Code:

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

[illegible]

City:

[illegible]

State:

10

Zip Code:

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## B. All fields in this section are optional:

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino(a), or Spanish origin? Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> No; not of Hispanic, Latino(a), or Spanish origin   | <input type="checkbox"/> Yes; Puerto Rican       |
| <input type="checkbox"/> Yes; Mexican, Mexican-American, Chicano(a)          | <input type="checkbox"/> Yes; Cuban              |
| <input type="checkbox"/> Yes; another Hispanic, Latino(a), or Spanish origin | <input type="checkbox"/> I choose not to answer. |

What is your race? Select all that apply.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Filipino               | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Korean                 | <input type="checkbox"/> Native Hawaii             |
| <input type="checkbox"/> Other Asian                      | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> White                  | <input type="checkbox"/> I choose not to answer.   |

## C. Please complete the following:

- I am **currently** a member of the Blue Medicare Rx (PDP):
- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Standard (S5540-002) ..... | \$ 103.40 per month |
| <input type="checkbox"/> Enhanced (S5540-004) ..... | \$ 113.20 per month |

Note:  
These are 2025 rates

- I would like to **change** to Blue Medicare Rx (PDP):
- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Standard (S5540-002) ..... | \$ 103.40 per month |
| <input type="checkbox"/> Enhanced (S5540-004) ..... | \$ 113.20 per month |

I understand that this plan has different prescription benefits and a different monthly premium.

## D. Communication Preferences:

Please contact Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if you need information in an alternative language, such as Spanish at 1-800-661-5518 (TTY: 711). Our office hours are 7 days a week, 8 a.m. to 8 p.m.

Select one if you want us to send you information in an accessible format.

- ☐ Braille    ☐ Large print    ☐ Audio CD    ☐ Data CD (Flash drive)

I want to get Plan Materials via email. I have provided my email address above. Once a member, please visit **BlueConnectNC.com** to set your communications preferences.

- ☐ Yes    ☐ No

## E. Your Plan Premium:

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefits check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. **DON'T** pay Blue Cross NC the Part D-IRMAA extra amount.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could help pay for your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for *Extra Help* online at **[www.ssa.gov/medicare/part-d-extra-help](http://www.ssa.gov/medicare/part-d-extra-help)**. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. If you don't select a payment option, you will get a bill each month. If you have Medicare Part B, you must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

**Please select a premium payment option:**

- ☐ Get a bill each month.
- ☐ Keep current payment method.
- ☐ Automatic deduction from your monthly Social Security benefit check.
- ☐ Automatic deduction from your monthly Railroad Retirement Board (RRB) benefit check.

**Please Note:** The Social Security / RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

**F. Please read and sign below:**

Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with Blue Cross NC, he/she may be compensated based on my enrollment in Blue Cross NC. Individuals must have Part A or Part B (or both) to enroll.

**Release of Information:** By joining this Prescription Drug Plan, I acknowledge that the Prescription Drug Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Blue Cross NC will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. 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.

I understand that beginning on the date Blue Medicare Rx (PDP) coverage begins, I must get all of my prescription drug services from Blue Cross NC. Prescription drugs authorized by Blue Cross NC and contained in my Blue Cross NC Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **neither Medicare nor Blue Medicare RX (PDP) will pay for the services.**

## G. Applicant Agreement:

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the state where the individual resides) on this application means that I have read and understand the contents of this application. **If signed by an authorized individual**, 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 from Medicare.

**Your 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 Enrollee:

              

## H. For individuals helping enrollee with completing this form only:

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_

Signature: \_\_\_\_\_ National Producer Number: \_\_\_\_\_

(Agents / Brokers only)

**LICENSED AGENT USE ONLY**

**Agents must submit a signed enrollment form within 24 hours of receipt.**

Agent's Signature: \_\_\_\_\_ Print Agent's Name: \_\_\_\_\_

Date Application Received:   /   /     NPN#: \_\_\_\_\_  
(mm/dd/yyyy) Required

Phone Number: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Blue Cross and Blue Shield of North Carolina is a PDP plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) provides free aids to service people with disabilities as well as free language services for people whose primary language is not English. Please contact the Customer Service number on the back of your ID card for assistance.

*Blue Cross and Blue Shield of North Carolina (Blue Cross NC) proporciona asistencia gratuita a las personas con discapacidades, así como servicios lingüísticos gratuitos para las personas cuyo idioma principal no es el inglés. Comuníquese con el número para servicio al cliente que aparece en el reverso de su tarjeta del seguro para obtener ayuda.*

Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ®, SM Marks of the Blue Cross and Blue Shield Association.

### English

**ATTENTION:** If you speak any of the following languages, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-247-4142 (TTY: 711), or speak to your provider.

### Spanish / Español

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-247-4142 (TTY: 711) o hable con su proveedor.

### Chinese / 中文

**注意:** 如果您说中文, 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-888-247-4142 (TTY: 711) 或咨询您的服务提供商。

### Vietnamese / Việt

**LƯU Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cấp miễn phí. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-247-4142 (Người khuyết tật: 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### Korean / 한국어

**알림:** 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-247-4142 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

### French / Français

**ATTENTION:** Si vous parlez français, vous pouvez bénéficier de services d'assistance gratuits. Vous avez également à votre disposition des outils et services supplémentaires vous permettant de fournir des informations dans un format accessible, sans frais. Appelez le 1-888-247-4142 (TTY: 711) ou parlez à votre fournisseur.

### Arabic / العربية

، تتوفر لك خدمات مساعدة لغوية مجانية. كما تتوفر مساعدة وخدمات إضافية مناسبة لتقديم تنبيه: إذا كنت تتحدث اللغة العربية المعلومات بتنسيقات يمكن الوصول إليها مجانًا. يُرجى الاتصال على الرقم 1-888-247-4142 (TTY: 711) أو تحدث مع مزود الخدمة الخاص بك

### Hmong / Lus Hmoob

**LUG CEEV TSHWJ XEEB:** yog has tas koj has lug Hmoob muaj cov kev paab cuam txhais lug pub dlawb rua koj. Cov kev paab hab cov kev paab cuam ntxiv kws tsim nyog txhawm rua muab lug qha paub ua cov hom ntaub ntawv kws tuaj yeem nkaag cuag tau rua los kuj yeej tseem muaj paab dlawb tsis xaam tug nqe dlaab tsi tuab yaam nkaus. Hu rua 1-888-247-4142 (TTY: 711) los yog thaam nrug koj tug kws muab kev saib xyuas khu mob.

### Russian / РУССКИЙ

**ВНИМАНИЕ:** Если Вы говорите на русском, то Вам доступны бесплатные услуги языковой поддержки. Соответствующие инструменты и информационные сервисы также предоставляются бесплатно. Позвоните по телефону 1-888-247-4142 (TTY: 711) или обратитесь к своему поставщику услуг.

### Tagalog

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-247-4142 (TTY: 711) o makipag-usap sa iyong provider.

### Gujarati / ગુજરાતી

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોવ તો, મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી સહાય અને અકસેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-888-247-4142 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### Mon-Khmer, Cambodian / ភាសាខ្មែរ

កំណត់ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មសមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បានក៏មានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ សូមទូរស័ព្ទទូរស័ព្ទ 1-888-247-4142 (TTY: 711) និយាយទៅកាន់អ្នកផ្តល់សេវាសម្រាប់អ្នក។

### German / Deutsch

**WICHTIGER HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-247-4142 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### Hindi / हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-888-247-4142 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### Laotian / ລາວ

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-888-247-4142 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### Japanese / 日本語

お知らせ：日本語をお話した場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助的なサポートやサービスも無料でご利用いただけます。1-888-247-4142 (TTY: 711) にお電話いただくか、プロバイダーにお問い合わせください。