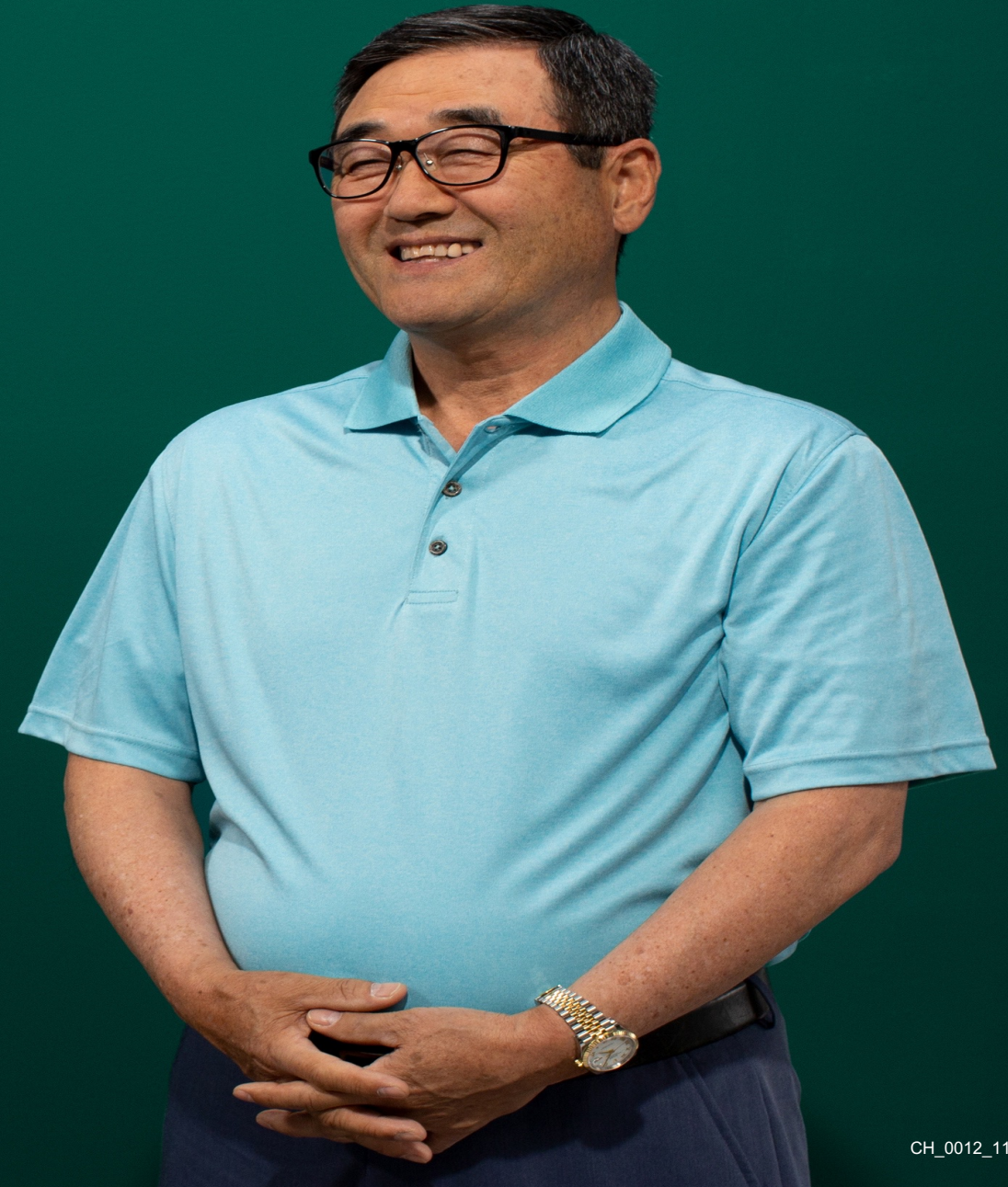


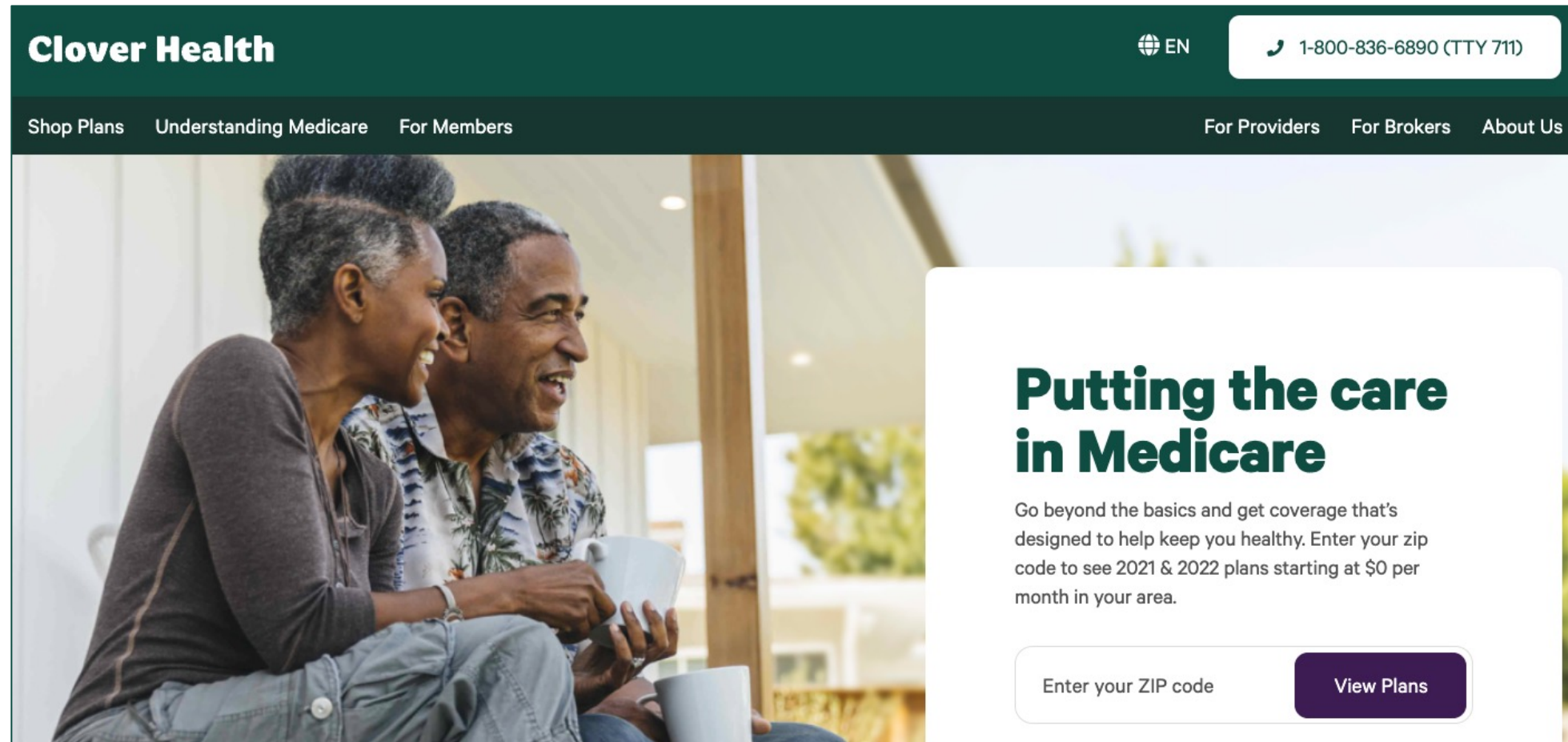
Online Enrollment Quick Reference Guide

2022

Clover Health
There's no better Medicare plan



www.cloverhealth.com



The screenshot shows the Clover Health website. The top navigation bar is dark green with the 'Clover Health' logo on the left. On the right, there is a globe icon with 'EN' and a white button with a phone icon and the number '1-800-836-6890 (TTY 711)'. Below the navigation bar, there is a dark green bar with links: 'Shop Plans', 'Understanding Medicare', 'For Members', 'For Providers', 'For Brokers', and 'About Us'. The main content area features a large image of an elderly couple sitting and smiling. Overlaid on the right side of this image is a white box containing the heading 'Putting the care in Medicare' in a large, bold, dark green font. Below the heading is a paragraph of text: 'Go beyond the basics and get coverage that's designed to help keep you healthy. Enter your zip code to see 2021 & 2022 plans starting at \$0 per month in your area.' At the bottom of this white box are two buttons: a white button with the text 'Enter your ZIP code' and a dark purple button with the text 'View Plans'.

Clover Health

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

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

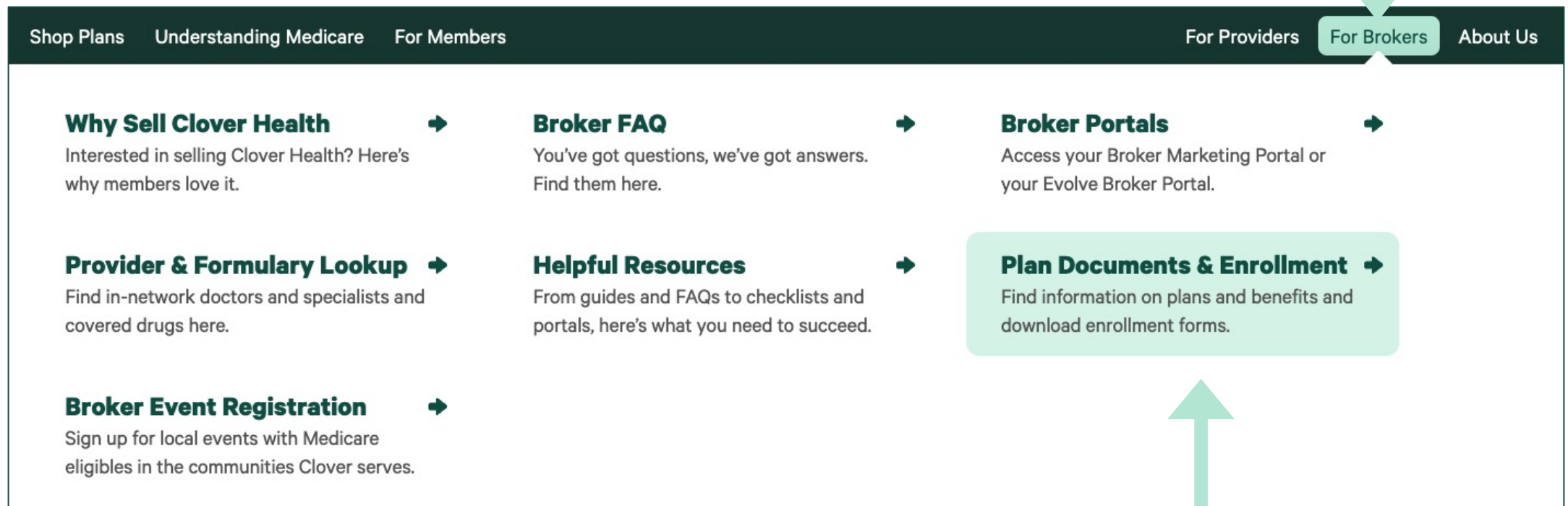
Putting the care in Medicare

Go beyond the basics and get coverage that's designed to help keep you healthy. Enter your zip code to see 2021 & 2022 plans starting at \$0 per month in your area.

Enter your ZIP code View Plans

For Brokers

- To ensure you are the Broker of Record on your enrollment applications, it is important to access the online application via the **FOR BROKERS** section.



- Access the online enrollment application within the **PLAN DOCUMENTS & ENROLLMENT** section.

Plan Search

- Enter your client's residence zip code and select the (plan) year.



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
07032

Search

Select Year*

2022

2021

County Selection

- When applicable, select client's proper county,



×

We found multiple counties for your ZIP code.

Select your county

☐ Hudson County, NJ

☒ Bergen County, NJ

Continue

Plan Availability

- Plans available display per zip/county selection.

We have 6 plans in Bergen County in 2022.

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](#).

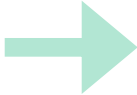
| Plan Name | Premium | Plan Number | Plan Selection Button | Plan Number | Plan Selection Button |
|---|--|-------------|--|-------------|-----------------------|
| Clover Health Premier Value (PPO) (055) | \$37.10 / month | | Select Clover Health Premier Value (PPO) (055) | | |
| Clover Health Premier (PPO) (054) | \$0 / month <small>A plan that will pay</small> | | Select Clover Health Premier (PPO) (054) | | |
| Clover Health Choice (PPO) (004) | \$0 / month <small>A plan with the</small> | | Select Clover Health Choice (PPO) (004) | | |
| Clover Health Choice Value (PPO) (007) | \$37.10 / month | | Select Clover Health Choice Value (PPO) (007) | | |
| Clover Health Value (HMO) (003) | \$37.10 / month <small>A plan with \$0 to</small> | | Select Clover Health Value (HMO) (003) | | |
| Clover Health Classic (HMO) (002) | \$0 / month <small>A plan with \$0 to</small> | | Select Clover Health Classic (HMO) (002) | | |

More Plan Information

- See or expand for more information on each plan available.

| Available plans | | | | | |
|---|--|---|---|--|---|
| Here are the plans available in your area. If you have any questions, don't hesitate to give us a call . | | | | | |
| Clover Health Premier Value (PPO) (055) \$37.10 / month A plan that will pay money towards your monthly Medicare Part B premium. Plus prescription drug coverage, low doctor copays and an eyewear allowance. View full benefits | Clover Health Premier (PPO) (054) \$0 / month A plan that will pay money towards your monthly Medicare Part B premium. Plus prescription drug coverage, low doctor copays and OTC items. View full benefits | Clover Health Choice (PPO) (004) \$0 / month A plan with the freedom to choose your doctor without paying more. \$0 copay primary care visits and diabetes supplies; allowances for OTC items. A plan with the \$0 copay for primary care visits and diabetes supplies. Plus comprehensive dental, vision and allowance for OTC items View full benefits | Clover Health Choice Value (PPO) (007) \$37.10 / month A plan with \$0 to low copay for doctor visits, diabetes supplies. Plus, allowances for eyewear and OTC items. Best if you receive Extra Help for prescriptions. View full benefits | Clover Health Value (HMO) (003) \$37.10 / month A plan with \$0 to low copays and allowances for comprehensive dental, eyewear, and OTC items. Best if you receive Extra Help for prescriptions. View full benefits | Clover Health Classic (HMO) (002) \$0 / month A plan with \$0 to low copays, diabetes monitoring supplies, no Part D deductible, allowances for comprehensive dental, eyewear, and OTC items. View full benefits |

Click link to see full benefit details for plan.



Scroll to see extra benefits & services.


- See side-by-side comparisons of benefits on each available plan.

Dental



Vision

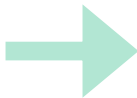


| <div><div></div><div>Extra benefits and services <small>Clover plans include these important benefits and services. Original Medicare doesn't.</small></div></div> | | | | | |
|--|---|---|---|---|---|
| Routine dental exams and cleanings <small>Includes annual oral exam(s), cleanings, and X-Ray.</small> | | | | | |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Comprehensive dental <small>A yearly allowance for dentures, fillings, crowns, and more.</small> | | | | | |
| | | ✓ | ✓ | ✓ | ✓ |
| Routine vision exams <small>Includes 1 exam plus a yearly allowance for glasses or contacts.</small> | | | | | |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Scroll to see core benefits

- See side-by-side comparisons of benefits on each available plan.

Click 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.

| | | | | | |
|---------|----------|---------|---------|---------|---------|
| \$7,550 | \$11,300 | \$7,550 | \$7,550 | \$7,550 | \$7,550 |
|---------|----------|---------|---------|---------|---------|

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.

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Scroll to see prescription comparisons

- See side-by-side comparisons of prescription costs on each available plan.

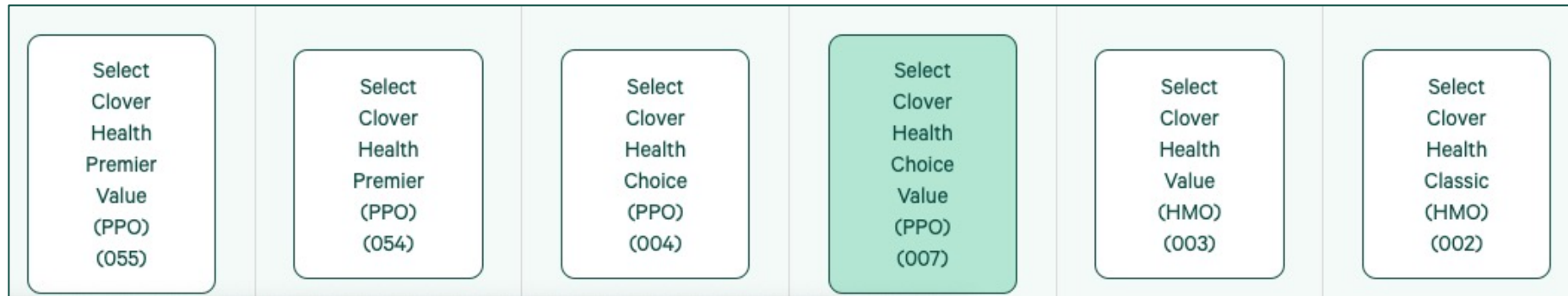
Click link
for
formulary



| 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 | \$0 for Tier 1 | \$2 for Tier 1 | \$2 for Tier 1 | \$0 for Tier 1 |
| 22% for Tier 2 | 22% for Tier 2 | \$10 for Tier 2 | 22% for Tier 2 | 22% for Tier 2 | \$10 for Tier 2 |
| 22% for Tier 3 | 22% for Tier 3 | \$37 for Tier 3 | 22% for Tier 3 | 22% for Tier 3 | \$37 for Tier 3 |
| 25% for Tier 4 | 25% for Tier 4 | \$90 for Tier 4 | 25% for Tier 4 | 25% for Tier 4 | \$90 for Tier 4 |
| 25% for Tier 5 | 25% for Tier 5 | 30% for Tier 5 | 25% for Tier 5 | 25% for Tier 5 | 33% for Tier 5 |
| \$480 for Tiers 2–5 deductible | \$200 for Tiers 2–5 deductible | \$150 for Tiers 3–5 deductible | \$480 for Tiers 2–5 deductible | \$480 for Tiers 2–5 deductible | |

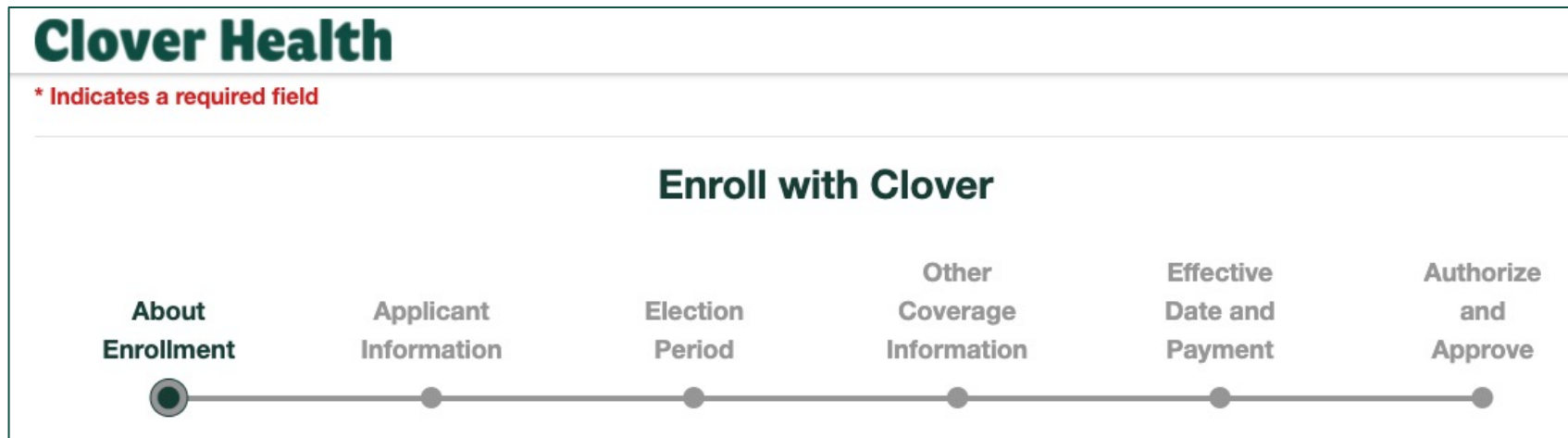
Select plan

- Select plan to begin enrollment application process.



Steps in the enrollment process

- Note the 6 quick steps in the enrollment process.



Broker information

- The first data field you should see and complete is your NPN *or you will not be tied as broker of record.*

Enter NPN →

Select when present with client and they can key in their signature →

Select when you've captured application, including signature, at an earlier point in time →

Select only if an agency admin entering application for broker of record →

You've selected NJ Choice Value (007) 2022 007
NJ Choice Value (007)
If it's not what you wanted, go back to [select another plan.](#)

National Producer Number (NPN) *

12076088

12076088

Application type *

☒ I'm a broker or sales agent currently with an eligible and submitting an application on their behalf

☐ I'm a broker or sales agent entering a paper application that I received or filled out earlier

☐ I'm an authorized administrator entering a paper application on behalf of a broker or sales agent

Broker signature date / date application was received in mail *

11-04-2021

[Download Scope of Appointment \(SOA\)](#)

☒ * 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.

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

Next

Applicant Information

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

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Applicant Information

Personal Information

First Name *

Amy

Middle Initial

Middle Initial

Last Name *

Test

Date Of Birth *

01-15-1935

Gender *

Male

Female

Other

Communication Preference

Primary Address

Address Line 1 *

Address Line 1

P.O. Box is not allowed

Address Line 2

Address Line 2

City *

City

ZIP code

07032

State *

New Jersey

County *

Bergen

Is your Mailing Address same as Primary Address?

Yes

No

Applicant Information cont'd

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

Contact Information

Contact Number *

XXX-XXX-XXXX

Alternate Contact Number

XXX-XXX-XXXX

Email ID

name@example.com

By providing your email address and phone number(s), you consent to receiving information related to your membership with Clover Health (e.g., benefit information), programs and services offered (e.g., health education materials, reminders), marketing and other communications (e.g., newsletters, surveys) electronically. Communications related to your membership with Clover Health or healthcare may include auto-dialed calls, pre-recorded or electronic voice messages, or text messages. You may opt out of these means of communication at any time by clicking the "opt out" link within any email message, or contacting Clover Health, or responding STOP to a text message. You may also request a hard copy of any material that Clover Health delivers electronically.

Language Preference

--Please Select--

Special Accommodations

--Please Select--

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.

Language Preference

✓ --Please Select--

English

Spanish

Other

Special Accommodations

✓ --Please Select--

Audio

Braille

Large Print

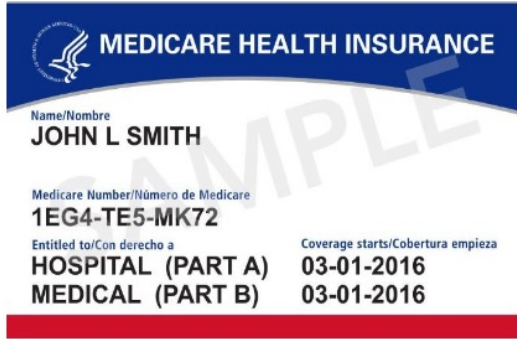
None

Applicant Information cont'd

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

Medicare Information

Please use the information from your red, white and blue Medicare card. Remember, you need to have Medicare Part A and Part B (or both) to join this plan



Medicare Health Insurance
Name/Nombre: **JOHN L SMITH**
Medicare Number/Número de Medicare: **1EG4-TE5-MK72**
Entitled to/Con derecho a: **HOSPITAL (PART A)** Coverage starts/Cobertura empieza: **03-01-2016**
MEDICAL (PART B) **03-01-2016**

MBI *

Back

Next

Election Period

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

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Election Period

Do you qualify for enrollment period?

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☒ Annual Election Period [?](#)

☐ 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. [?](#)

☐ Between 1/1 and 3/31: I'm in a Medicare Advantage Plan and want to make a change. [?](#)

☐ Between 4/1 and 12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change. [?](#)

☐ 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 MOV for me. [?](#)

☐ I moved back to U.S. after living outside the country. [?](#)

☐ I was released from jail. [?](#)

☐ 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. [?](#)

☐ 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 (Program of All-Inclusive Care for the Elderly) plan. [?](#)

☐ 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 MDE 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 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). [?](#)

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. [?](#)

☐ I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program. [?](#)

☐ 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 a 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. [?](#)

☐ I had Medicare prior to now, but I'm now turning 65. [?](#)

If none of these statements apply to you or you're not sure, please contact Clover to see if you are eligible to enroll at 1-888-657-1207 (TTY 711). We are open 8 am–8 pm, local time, 7 days a week. From April 1st through September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Back

Next

Other Coverage Information

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

Progress bar: About Enrollment, Applicant Information, Election Period, **Other Coverage Information**, Effective Date and Payment, Authorize and Approve

Other Coverage Information

Additional Questions

Do you have other insurance that will cover drugs in addition to NJ Choice Value (007)? *

Some individuals may have additional prescription drug coverage, including other private insurance, TRICARE, Federal employee health benefits, VA benefits, or State Pharmaceutical Assistance Programs.

☐ Yes

☒ No

Do you work? *

☐ Yes

☒ No

Does your spouse work? *

☐ Yes

☒ No

Physician Selection *

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

☐ 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.

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Effective Date and Payment

- Select effective date month and year.

About Enrollment **Applicant Information** **Election Period** **Other Coverage Information** **Effective Date and Payment** **Authorize and Approve**

Effective Date and Payment

Effective Date

Effective date is the date your coverage for this Plan will begin
Select month as the Effective Date of your Plan and the year will be populated accordingly. The plan will start from first day of the month you choose.

Month
January

Year
2022

You can pay your monthly plan premium (including any Late Enrollment Penalty) by choosing any one of the options listed below.
If you enroll into a plan which does not have a premium but if we determine that there is a Late Enrollment Penalty or you are already paying a late enrollment penalty, we need to know how you would prefer to pay it.

Pay your Premium

How do you want to pay your monthly plan premium (including any late enrollment penalty you may owe)?
Note: If you have a Late Enrollment Penalty (LEP), we'll add it to your premium.
You'll receive information about confirming your payment choice after your application is accepted.

☒ **Direct Bill**

By opting for this option, you decide not to choose any specific mode of payment. It will be made based on your convenience at a later stage.

☐ **EFT (Electronic Fund Transfer)**

☐ **SSA (Automatic Deduction from monthly Social Security Check)**

☐ **RRB (Automatic Deduction from monthly Railroad Retirement Board benefits).**

Note: Any *Late Enrollment Penalty* (LEP) will be calculated and applied to premium due after application processes. Option to pay via SSA or RRB will be offered after calculation and communication of LEP.

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

EFT as a billing option

- Enter EFT banking information.

☒ **EFT (Electronic Fund Transfer)**

Account Holder Name *

Bank Routing Number *

Bank Account Number *

Account Type *

☐ Savings

☐ Checking

Joe Smith
1234 Anystreet Court
AnyCity, AA 12345

1234

Pay to the order of _____
Dollars

Bank Anywhere
123456789 123456789123 1234

Routing
Number

Account
Number

Check
Number

I hereby authorize Clover Health to withdraw from my checking/savings account amounts necessary to pay the premium owed by me under my Clover Health contract. This authority will remain in effect until I notify Clover Health, or my bank, in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on the cancellation.

It may take two or more months for this option to take effect. You will receive a monthly paper bill until then. If you are interested in signing up for EFT and need information, please contact Clover Health at 1-800-836-6890 (TTY 771). We are open 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.

SSA or RRB deduction as a billing option

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

● **SSA (Automatic Deduction from monthly Social Security Check)**

Automatically deduct from my monthly social Security or Railroad Retirement Board(RRB) benefit check.

Clover Health will forward your name and premium information to the U.S. Social Security Administration (SSA) or Railroad Retirement Board (RRB). Social Security or RRB will decide if you're eligible to have premiums deducted from your benefits check.

It may take two or more months for the deductions to begin, depending on what time of the month you enrolled. If SSA or RRB accepts your request for automatic deduction, the first deduction from your benefit check will start with the month that SSA or RRB accepts the withholding. Usually, the first deduction from your Social Security benefits check is equal to the amount of two monthly premium payments. After that, Social Security will only deduct the cost of one premium payment a month.

In some cases, due to processing timelines mandated by CMS (Medicare), your SSA or RRB deduction may be denied for your first premium payment. Convey will issue you an invoice for the initial payment and resubmit your request to CMS (Medicare) for SSA deduction to begin with your second premium payment.

If SSA or RRB does not approve your request for automatic deduction, Clover Health will send you a Coupon Book for your monthly premiums. If you discontinue coverage from this plan, there might be a similar lag in processing time. If the SSA or RRB incorrectly withholds the premium after termination, you'll be refunded by the SSA or RRB.

● **RRB (Automatic Deduction from monthly Railroad Retirement Board benefits).**

Automatically deduct from my monthly social Security or Railroad Retirement Board(RRB) benefit check.

Clover Health will forward your name and premium information to the U.S. Social Security Administration (SSA) or Railroad Retirement Board (RRB). Social Security or RRB will decide if you're eligible to have premiums deducted from your benefits check.

It may take two or more months for the deductions to begin, depending on what time of the month you enrolled. If SSA or RRB accepts your request for automatic deduction, the first deduction from your benefit check will start with the month that SSA or RRB accepts the withholding. Usually, the first deduction from your Social Security benefits check is equal to the amount of two monthly premium payments. After that, Social Security will only deduct the cost of one premium payment a month.

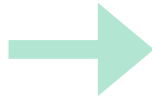
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Authorize and Approve

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

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.



About Enrollment

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Authorize and Approve

Authorization

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

☒ I am the applicant

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

Approval

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 or Medicare Prescription Drug 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.
- 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 people with Medicare are generally not covered under Medicare while out of the county, except for limited coverage near the U.S. border.
- 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.

Signature: *

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, and 2. Documentation of this authority is available upon request by Medicare.

Plan Documents and Submission

- If client wishes to receive key plan documents via email, select here. Note, an email will need to be provided in previous step of application.

Plan Documents

I want to get the following materials via email. Select one or more.

☐ Evidence of Coverage (EOC)

☐ Provider Directory

☐ Pharmacy Directory

☐ Formulary

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. You must continue to pay Medicare Part B premium.

[Back](#) [Submit](#)

Click to
submit
application

Application Confirmation Receipt

- Option to print or email confirmation receipt.

Clover Health

Application Submitted successfully!

Print

Thank you for choosing NJ Choice Value (007)

Applicant Name: Mary Test

ZIP code: 07032 (Bergen)

Effective Date: 01-01-2022

Monthly Premium: \$37.10

Application Number: NJMAPPO27480

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.

To email a copy of this transaction, please enter your email address below to authorize this one-time email:

Send

Post Enrollment

- With client applicant, complete [Health Assessment Survey \(broker form\)](#).
 - Completion within 72 hours credits broker and pays \$50.
- If (1) plan has Grocery Plus benefit and (2) client/applicant is likely eligible for benefit, complete [Grocery Plus Attestation](#) with client applicant.
- Access your [Broker Portal](#) to view application status, your book of business and commission statements (if paid directly by Clover Health).

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.