

# Clover Health

## Statement of Understanding

Review each statement below and then initial to show that you understand the statement.

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 Supplement (Medigap) plan.**

I will not be covered by this plan until the Centers 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 are not governed by Clover. However, my agent has educated me about these programs and has 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 a 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-of-area dialysis).

Enrollee Statement	
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.	

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 1-888-778-1478 (TTY 711) 8 am–8 pm ET, 7 days a week.\***

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-888-778-1478 (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 1-888-778-1478 (TTY 711)。

\*From April 1st through September 30th, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

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