2011 Medicare Advantage Plan Enrollment Form

PLEASE READ: By completing this form you are requesting enrollment in a group Medicare Advantage health plan with prescription drug coverage offered to Louisiana state retirees and their spouses through the Office of Group Benefits (OGB). If your spouse is carried as a dependent on your current OGB plan, you must both enroll in the same plan. If your spouse is not presently enrolled as a dependent on your OGB plan, and you wish to enroll him or her, call OGB Customer Service (1-800-272-8451) for instructions. Medicare Parts A and B are required for enrollment in one of these plans. Provide the information requested below, sign and date the form (required) and return to:

OGB Eligibility Department
P.O. Box 66678
Baton Rouge, LA 70896

PLEASE PRINT

Plan Member's Name:

Last First M.I.

Plan Member's SSN: ☐☐☐☐☐☐☐☐☐

Current Coverage: ☐ Member Only ☐ Member & Spouse

Address: Is this is a new address? ☐ Yes ☐ No

Street City State Zip

Your Spouse's Name:

Last First M.I.

Plan Member's Medicare Information:	
Medicare Card Number	
Medicare A Effective Date	
Medicare B Effective Date	

Spouse's Medicare Information:	
Medicare Card Number	
Medicare A Effective Date	
Medicare B Effective Date	

Please indicate below if you or your spouse has End Stage Renal Disease (ESRD)

☐ Member ☐ Spouse ☐ Both

OGB Medicare Advantage Plan Choices (select only one):

HMO Options: ☐ Humana HMO ☐ Peoples Health HMO - POS ☐ Vantage HMO - POS

PPO Options: ☐ Humana PPO ☐ UnitedHealthcare PPO

Plan Member's Signature

D D / M M / Y Y Y Y

Date (Month / Day / Year)

Spouse's Signature

D D / M M / Y Y Y Y

Date (Month / Day / Year)