

Enrollment Request Form Guide

Care N' Care (HMO/PPO) is a Medicare Advantage organization offering both HMO and PPO plans. You must reside in one of these counties to qualify:

Care N' Care Classic (HMO), Care N' Care Choice Premium (PPO), Care N' Care Choice Plus (PPO), Care N' Care Choice (PPO) and Care N' Care Choice MA-Only (PPO) offered in **Collin, Cooke, Dallas, Denton, Ellis, Erath, Hood, Johnson, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise Counties.**

Southwestern Health Select (HMO) offered in **Collin, Dallas, Denton, Rockwall and Tarrant counties.**

Please complete the Enrollment Request Form on the next page using the instructions below. You can also enroll with Care N' Care over the phone by calling us at the number listed below or by going online at cnchealthplan.com/enroll.



Plan Information

- Choose the plan that best fits your needs.
- Write in the name of the Primary Care Physician (PCP) you have selected. Need a PCP? Locate one near you by searching our online directory at cnchealthplan.com/search.
- Select and list an in-network Primary Care Physician (PCP), if you choose the HMO plan.
- You understand that the plan you have chosen is **NOT** a Medicare supplement (Medigap plan).



Applicant Information

- Complete a separate Enrollment Request Form for each person enrolling in a plan.
- Write your name exactly as it appears on your red, white, and blue Medicare card. This is how it will appear on your Care N' Care member identification card.
- **Double check** - Incomplete information may delay your enrollment.
- Remember, you must continue to pay your Medicare Part B Premium.



Sign and Date Enrollment Request Form

- Complete all sections of the Enrollment Request Form in full, including the plan you want to enroll in and your premium payment option. Missing or incomplete information may cause a delay in the effective date of your coverage.
- Your Enrollment Request Form must be signed, dated and received by Care N' Care by the last calendar day of the month in order for your coverage to be effective the first day of the following month.
- If your authorized representative helped you complete this Enrollment Request Form, he/she must sign the form and submit a copy of the court order or Durable Power of Attorney that allows them to act on your behalf.
- Care N' Care determines when your Enrollment Request Form is considered to be complete based on Medicare enrollment guidelines.
- Your enrollment with Care N' Care is subject to approval by the Centers for Medicare & Medicaid Services (CMS). If your enrollment is not accepted by CMS, we will notify you immediately.



Return the Enrollment Request Form

Mail the completed Enrollment Request Form to:

Care N' Care Insurance Co., Inc.
1603 Lyndon B. Johnson Freeway, Suite 300
Farmers Branch, TX 75234

Questions? Call Care N' Care!

Toll-Free at 1-877-665-2622 (TTY users should call 711) October 1 - March 31, 8 a.m. to 8 p.m. CST, seven days a week or April 1 - September 30, 8 a.m. to 8 p.m. CST, Monday through Friday

Care N' Care Insurance Company, Inc. (Care N' Care) is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.

Y0107_24_008_M