



Member Eligibility, PO Box 1035, New York, NY 10108-1035 • Phone: (646) 473-9200 • Fax: (646) 473-8878 • www.1199SEIUBenefits.org

# 1199SEIU AETNA MEDICARE ADVANTAGE PLAN OPT-IN FORM

(Please print clearly in blue or black ink, or complete online.)

If you would like to enroll in the 1199SEIU Aetna Medicare Advantage Plan, please check the box below, complete the form and return it to: 1199SEIU Benefit Funds, Member Eligibility, PO Box 1035, New York, NY 10108-1035, or fax it to (646) 473-8878. Once your form is processed, you will receive more information about enrolling in the plan.

YES, I want to enroll in the 1199SEIU Aetna Medicare Advantage Plan. I understand that I will be automatically disenrolled from any other Medicare Advantage Plan in which I am currently enrolled.

MEMBER'S FULL NAME \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

**X** \_\_\_\_\_  
MEMBER'S SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

Check this box if your contact information has changed. Please update:

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_