

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, fax it to (646) 473-8878 or email it to RetireeHealth@1199Funds.org. 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
---------------	---------------