

HEALTH TRADITION 65PLUS PLAN CHANGE FORM

Application to exchange an existing 65Plus Medicare Select insurance policy to an alternative 65Plus Medicare Select insurance policy from Health Tradition Health Plan.

Member Name: _____

65Plus Member ID Number: _____

Effective Date of Plan Change: _____

Current Plan: _____

New Plan: _____

I have reviewed the details of the offer to exchange my existing 65Plus Medicare Select policy to an alternative 65Plus policy. I have reviewed the benefits of my existing 65Plus policy and those in the alternative 65Plus policy. I understand that by making this exchange, some of the coverage I now have will change. I am willing to accept these changes, so that I will have a Medicare Select Health Insurance policy guaranteed to meet or exceed the rules for Medicare Select policies under the new Healthcare Reform laws.

Signature of Member or Authorized Representative

Date

If Authorized Representative, please indicate relationship to Member:

(If we do not already have it on file, please include proof in writing of your authority to represent this member)

