



Thank you for applying for membership in Fallon Senior Plan™. Please complete the entire enclosed enrollment form and sign it. If we receive an incomplete form, it may not be processed and may be returned to you for additional information. (Remember to press firmly when filling out the form.)

**The following checklist is to help make sure that your enrollment form is complete. Please check that you have filled out the following:**

- Your full legal name as it appears on your Medicare card.
- Your date of birth.
- Your gender.
- Your phone number.
- Your home address.
- Your mailing address. (If different from your home address.)
- Your Medicare information. (In order for your enrollment to be complete, you must either copy information from your Medicare card to the form or you may attach a photocopy of your Medicare card or your Letter of Verification from the Social Security Administration or Railroad Retirement Board. If you do not have your Medicare information or have not been assigned a Medicare claim number at this time, call your local Social Security office to enroll or obtain proof of enrollment.)
- Answers to the important questions on pages one and two of the form.
- If you required assistance in completing this application, please include the assisting individual's signature, his or her relationship to you, his or her address, and his or her phone number.

After reading the back of your enrollment form, please remember to sign and date your enrollment form. Pull out the pink copy of your signed and dated enrollment form for your records. Please return your enrollment form to your benefits administrator, or directly to Fallon Health if instructed to do so by your employer. If mailing to Fallon Health, please use the enclosed business reply envelope. If you misplace the return envelope, please mail your enrollment form to:

Fallon Health  
Attn: Medicare Group Sales  
10 Chestnut St., Suite 800  
Worcester, MA 01608-9771

If you need further information to complete this enrollment form, please call us at:

**1-866-231-3669 (TRS 711),  
8 a.m.–8 p.m., Monday–Friday  
(Oct. 1–Feb. 14, seven days a week.)**

Once we have received your completed enrollment form, a Fallon Senior Plan representative may be calling you to make sure you understand how our plan works, and to answer any questions you may have.