



Medicare Enrollment Eligibility Under a Special Enrollment Period (SEP)*

This handy worksheet for Coventry Medicare ready-to-sell agents lists the questions and important dates to ask a Medicare beneficiary to see if they are eligible for an SEP:

<p>Are you new to Medicare? If you are newly eligible for Medicare, you can join a Medicare drug plan during the 7-month period, which starts 3 months before the month you are eligible for Medicare and end 3 months after your Medicare eligibility becomes effective. This is true if you are eligible for Medicare because of age or disability.</p>
<p>Have you recently moved outside of the service area for your current plan or have you recently moved and this plan is a new option for you? I moved on (insert date) ___/___/___.</p>
<p>Have you recently returned to the United States after living permanently outside of the U.S.? (insert date) ___/___/___.</p>
<p>Do you have both Medicare and Medicaid or does your state help pay for your Medicare premiums? My Medicaid number is: ___/___/___.</p>
<p>Do you receive extra help paying for Medicare prescription drug coverage?</p>
<p>Do you no longer qualify for extra help paying for your Medicare prescription drugs? I stopped receiving extra help on (insert date) ___/___/___.</p>
<p>Are you moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility)? I moved/will move into/out of the facility on (insert date) ___/___/___. Facility Name: _____</p>
<p>Have you recently left a PACE program? On (insert date) ___/___/___.</p>
<p>Have you recently involuntarily lost your creditable prescription drug coverage (coverage as good as Medicare's)? I lost my drug coverage on (insert date) ___/___/___ I had coverage with (insert company name) _____ from date _____ to date _____.</p>
<p>Are you leaving an employer or union coverage plan? (insert date) ___/___/___/_. (If possible, include copy of notification of loss of coverage.) I had coverage with (insert company name) _____ from date _____ to date _____.</p>
<p>Do you belong to a pharmacy assistance program provided by your state?</p>
<p>Is your current plan ending its contract with Medicare, or is Medicare is ending its contract with your current plan?</p>
<p>Were you enrolled in a Special Needs Plan (SNP) but have since lost the special needs qualification required to be in that plan? ** For MA/MAPD products only **</p>
<p>Are you making this enrollment request between January 1 and February 14, and have recently ended your enrollment in a Medicare Advantage plan? ** For PDP products only ** I left my Medicare Advantage plan on (insert date) ___/___/___.</p>

**Please note: it is the responsibility of the Managed Care Organization and CMS to approve an individual's SEP status.*