

Fresenius Health Partners
PPO SNP
Accountable Kidney Care

Underwritten by Sterling Life Insurance Company



Enrollment Instructions

Carefully read these instructions before filling out the application. Please complete the application using a ballpoint pen.

1. Completely fill out the information on all pages of the Enrollment Application. Failure to complete each line of the application may delay processing your enrollment request until we receive the needed information. Be sure to indicate which plan you chose. Please print legibly. You'll need your Medicare card to fill out the bottom portion of page 2. Simply print the information from the card where indicated on the application. If possible, please make a photocopy of your Medicare card and include with the application. Do not send in your Medicare card.
2. On page 5, be sure to sign and date the application where indicated.
3. If you would like to have your premiums withdrawn directly from your checking account, please complete an Authorization for Automatic Withdrawal form (Bank Draft). Until the form is received and processed by WindsorSterling, you will get a bill. If you would like to have your premiums withdrawn directly from a credit card, please call Customer Service at the number listed below.
4. Select a network Primary Care Provider (PCP) to assist you in maintaining and improving your health status or for care in the treatment of an illness. A PCP may be virtually any physician from our network who will be primarily responsible for your care and treatment. If you need assistance making a selection please consult your enrollment counselor or call Customer Service at 1-866-307-3625 (TTY: 1-877-736-2535) 8 a.m. - 8 p.m., seven days a week.
5. Keep all yellow copies of the form for your records.
6. Enclose the following in the postage-paid envelope provided:
 - Completed Enrollment Application form
 - Photocopy of your Medicare card (Optional)
 - Completed Authorization for Use and Disclosure form (Optional)
 - Completed Authorization for Automatic Withdrawal (Bank Draft; Optional)

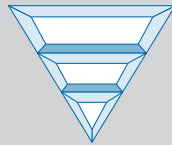
For clarification on any of these steps or for more information, call Customer Service at 1-866-307-3625 (TTY: 1-877-736-2535) 8 a.m. - 8 p.m., seven days a week.

Confirmation of Eligibility by the Centers for Medicare & Medicaid Services (CMS)

After we receive your completed application the necessary information will be sent to CMS, the governmental agency that administers Medicare. One copy of this application will be returned to you. Once your eligibility has been verified and confirmed by CMS we will notify you in writing about the status of your application.

Thank you,
Fresenius Health Partners

A Coordinated Care plan with a Medicare Advantage contract and a Medicare-approved Part D sponsor.



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