

Enrollment Receipt

Complete if enrolling with a licensed agent.

APPLICATION DATE: _____

PROPOSED EFFECTIVE DATE: _____

MEDICARE ID: _____

PLAN NAME: _____

AGENT NAME: _____

AGENT PHONE: _____

AGENT NPN NUMBER: _____

This receipt verifies that you completed an enrollment form with a licensed agent who sells Care N' Care (PPO/HMO) Medicare Advantage health plans. Use this as your temporary proof of coverage until Medicare has confirmed your enrollment.

If you have questions about your enrollment, call your licensed agent or call a Care N' Care Medicare Specialist at the number listed on the back of this booklet.