



Inter Valley Health Plan

For health. Not for profit.

Inter Valley Health Plan
Individual Election Form

Inter Valley Health Plan-Instructions to Complete the Enrollment Form

PERSONAL INFORMATION

Complete one Individual Election Form per person.

Complete the Medicare information. Please write your last name, first name and middle initial exactly as it appears on your Medicare card. Your Inter Valley Health Plan membership card will reflect your name as it appears on your Medicare card.

If possible, please attach a copy of your Medicare card or your Letter of Entitlement from the Social Security Administration or Railroad Retirement Board.

If you are using a mailing address that is different from your permanent residential address, please indicate the address or Post Office box where mail should be sent.

PHYSICIAN SELECTION

Complete the name of the contracting Primary Care Physician (PCP) and Medical Group you have selected.

**Don't forget to sign and date your Individual Election Form.
(Use a ball-point pen and press hard.)**

If someone has assisted you in completing this form, you both must sign and date the form and indicate your relationship.

Keep the Member Copy

Please keep the Member Copy of your Individual Election Form for your records.

Mail the Individual Election Form in the self-addressed, postage-paid envelope provided to: Sales Department, Inter Valley Health Plan, PO Box 6002, Pomona, CA 91769-6002

Remember that your enrollment date is subject to approval by the Centers for Medicare & Medicaid Services (CMS). Upon confirmation from CMS, Inter Valley Health Plan will mail your written notice of your enrollment effective date.

For information on completing the Individual Election Form, please call our Sales Department at (800) 500-7018 or for the hearing impaired, TTY users 711. We are open 7:30 AM - 8:00 PM, seven days a week.