

## TUNICA-BILOXI TRIBE ENROLLMENT / CHANGE FORM



PO BOX 45007 FRESNO, CA 93718-9893 Phone: (844) 340-7953 FAX: (559) 244-0458

| Section 1: Tribal Member Information   |               |       |            |  |  |              |          |
|--|---------------|-------|------------|--|--|--------------|----------|
| Type of Coverage: Elder Health Reimbursement Plan  |               |       |            |  |  |              |          |
| Check One:   NEW ENROLLMENT NAME / ADDRESS CHANGE  DECLINE COVERAGE  |               |       |            |  |  |              |          |
| LAST NAME  |               |       | FIRST NAME |  |  | MI           |          |
| ☐ MALE ☐ FEMALE  | DATE OF BIRTH | SOCIA | L SECURITY | SECURITY NUMBER                                      |  | PHONE NUMBER |          |
|  | ADDRESS       |       |            | CITY   |  | STATE        | ZIP CODE |
| Section 2: Other Insurance   |               |       |            |  |  |              |          |
| Do you have other medical insurance at this time?  ☐ Yes (Complete information below) ☐ No (Go to Section 3)   |               |       |            |  |  |              |          |
| Name of other insurance:   |               |       |            | Group Number:  |  |              |          |
| Subscriber/Member ID #:  |               |       |            | Does this member have Medicare coverage?  ☐ Yes ☐ No |  |              |          |
| Section 3: Acceptance of Coverage (Signature required)  I represent that all statements and answers made in this application and on any attached papers, are complete and true to the best of my knowledge and belief. |               |       |            |  |  |              |          |
| Tribal Member Signature  |               |       |            | Date   |  |              |          |
| Return completed form to:  (Envelope enclosed)  Advantek Benefit Administrators PO Box 45007 Fresno, CA 93718 (844) 340-7953  Or, if you prefer, you can:  |               |       |            |  |  |              |          |
| Fax: (559) 244-0458 Email: eligibility@advantekbenefit.com   |               |       |            |  |  |              |          |