



Fax to: (866) 819-4774

Attn: Application Processing

Enrollment Form Cover Sheet

Enrollee's Name: _____ Submission Date: _____

Circle One: Facility / Community Resident Facility Name: _____

For I-SNP members, check box if private pay

Agent Name: _____

Agent Phone #: _____ Agent E-mail: _____

Enrollment Form Checklist:

- Plan Selection: Tribute Select
 Personal Info Entered (Ensure mailing address section is complete)
 Payment Method (Circle one): Direct Bill, Social Security/Railroad Deduction
 "Important Questions" Answered
 Primary Care Physician Selected (if applicable)
 Election Period Selected
 Applicant or POA Signature
 Agent Section Completed w/ proposed effective date
 Scope of Appointment Form (if required)

For Plan use only

Received by Plan on: _____

Member ID #: _____

This fax sheet, and any attachment to it, may contain privileged and confidential information intended only for the use of the individuals or entities named above. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that reading it is strictly prohibited. If you have received this fax in error, please immediately contact Tribute Select at 1-877-372-1033.