Follow t	he instructions below to make chang	es to you	ır 2009	medical cover	age.	
STEP 1	: Are you making any changes to	your med	dical c	overage for ne	ext year?	
No No action is necessary. DO NOT RETURN THIS FORM.						
Yes Continue to Step 2						
Note: C	Do you need or want to change you seed or want to change you seed or want to change you seed on the seed on the seed of the se	igh Dedu	ctible F	lealth Plan are	no longer r	
■ No						
Yes						
NO	N-MEDICARE Member Plans MEDICARE Member Plans					
	UHC Premier PPO			UHC Senior F	Premier PP	0
		•	Presbyterian MediCare PPO (No corresponding non-Medicare Plan is available) Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.			
٠	CIGNA In-Network	•	Lovelace Senior Plan Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.			
			Kaiser Permanente Senior Advantage Must be Medicare Part A & B eligible in January 2009 to enroll in this plan.			
•	Kaiser Permanente Traditional HMO	•		Senior Ad be Medicare P	Ivantage art A & B e	•
STEP 3:	НМО	■ ndents f	Jar	Senior Ad be Medicare P nuary 2009 to e	Ivantage art A & B e enroll in this	plan.
STEP 3:		■ ndents f	Jar	Senior Ad be Medicare P nuary 2009 to e	Ivantage art A & B e enroll in this	plan.
	HMO Do you want to add or drop depe		Jar or med	Senior Ad be Medicare P nuary 2009 to e	Ivantage art A & B e enroll in this	plan.
■ No	HMO Do you want to add or drop deperation of the continue to Step 4.		Jar or med pender	Senior Ad be Medicare P nuary 2009 to e	Ivantage art A & B e enroll in this	plan.
No Yes Add/	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop	your de	Jar or med pender	Senior Ad be Medicare P nuary 2009 to e dical or dental	Ivantage eart A & B e enroll in this	plan.
No Yes Add/ Drop	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name	your de	Jar or med pender	Senior Ad be Medicare P nuary 2009 to e dical or dental ats Birth Date/ Age	Ivantage Part A & B e Penroll in this Ifor next year. Medical	plan. ear? Dental
No Yes Add/ Drop Add	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name John Smith	your de Relatio	Jar or med pender nship	Senior Adbe Medicare Phuary 2009 to edical or dental ats Birth Date/ Age 7/16/85 / 15	Ivantage Part A & B e Penroll in this Ifor next year. Medical	plan. ear? Dental
No Yes Add/ Drop Add	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name John Smith Please print your name and phore	your de Relatio	Jar or med pender nship	Senior Adbe Medicare Phuary 2009 to edical or dental ats Birth Date/ Age 7/16/85 / 15	Ivantage Part A & B elemnoll in this Ifor next year Medical Yes	plan. ear? Dental
No Yes Add/ Drop Add STEP 4: Name (p	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name John Smith Please print your name and photogrint)	Relatio Son ne numb	Jar pender nship	Senior Adbe Medicare Phuary 2009 to edical or dental ats Birth Date/ Age 7/16/85 / 15	Ivantage Part A & B e Penroll in this Ifor next year. Medical	plan. ear? Dental
No Yes Add/ Drop Add STEP 4: Name (p	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name John Smith Please print your name and photorint) Number:	Relatio Son Social S	Jar or med pender nship er belo	Senior Adbe Medicare Phuary 2009 to edical or dental ats Birth Date/ Age 7/16/85 / 15	Ivantage Part A & B elemnoll in this Ifor next year Medical Yes Age	plan. ear? Dental Yes
No Yes Add/ Drop Add STEP 4: Name (p	HMO Do you want to add or drop deperation of the continue to Step 4. Use the table below to add or drop Name John Smith Please print your name and photogrint)	Relatio Son Social S	Jar or med pender nship er belo	Senior Adbe Medicare Phuary 2009 to edical or dental ats Birth Date/ Age 7/16/85 / 15	Ivantage Part A & B elemnoll in this Ifor next year Medical Yes Age	plan. ear? Dental Yes