

Current Today's Options® members can use this change form to change their enrollment election to a different Today's Options plan, change their premium payment option or to update contact information.

Section 1: Personal Information

Mr. LAST name: _____
 Mrs. FIRST name: _____ M.I. _____
 Ms. _____

Home Phone Number: (____) _____-____	Cell Phone Number: (____) _____-____	Member ID #: _____
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Medicare Claim Number (with prefix or suffix): _____

Check here if your address has changed and fill out Section 4 on the other side of this form.

Section 2: Plan or Premium Payment Option

Please check which plan you would like to change to:

- | | |
|--|--|
| <input type="checkbox"/> Value \$_____ per month | <input type="checkbox"/> Value powered by CCRx \$_____ per month |
| <input type="checkbox"/> Premier \$_____ per month | <input type="checkbox"/> Premier powered by CCRx \$_____ per month |

(If you have selected a \$0 premium plan, you do not need to fill out this section.)

You can pay your Medicare Advantage plan monthly premium, or any determination of a late enrollment penalty, by mail, by Automatic Bank Draft Withdrawal, or by automatic deduction from your Social Security check.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

How would you like to pay your monthly Medicare Advantage plan premium? Please check the appropriate box:

- Automatic Bank Draft Withdrawal. Please send us a VOIDED check and fill in the requested information, which allows us to deduct your monthly payment from your bank account. Please choose one of the following:

By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization named below to pay my premium through electronic bank withdrawal payable to American Progressive Life & Health Insurance Company of New York or Pyramid Life Insurance Company. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received.

Please choose one of the following: Checking Savings

Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Name	2008
Address	Date _____
City, State Zip	
Pay to the order of _____	\$ _____ Dollars
Memo	
⑆ 1 2 3 4 5 6 7 8 9 0 ⑆	⑆ 1 2 3 4 5 6 7 8 9 0 ⑆
_____	2008

Routing Number Account Number

- Monthly payments by personal check. You will be mailed a premium statement each month.
Do not send payment with this enrollment form.

- Social Security check deduction. Please note: Social Security Administration (SSA) deduction is completed through the SSA and may take two or more months to process. (The SSA deduction may take two or more months to begin. In most cases, the first deduction from your SSA benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

Section 3: Acknowledgement of Enrollment–Read and Sign Below

Today's Options, a Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital has the right to choose whether to accept the plan's terms and conditions every time you see them. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. Before seeing a provider, you should verify that they will accept Today's Options. Providers can find the plan's terms and conditions on our website at www.todaysoptions.com. If your provider decides not to accept Today's Options, you will need to find another provider who will.

Once Today's Options has received your enrollment form, you will receive a call from a plan representative. This call is to make sure that you understand how a Private Fee-for-Service plan works and to confirm your intent to enroll in Today's Options. If Today's Options is not able to reach you by telephone, then you will receive a letter by mail that contains similar information.

Authorization to release information: By joining Today's Options, I acknowledge that the plan will release my information to Medicare and other plans as necessary for treatment, payment and healthcare operations.

I also acknowledge Today's Options will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of an authorized person) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that: 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request by Today's Options or by Medicare.

Your Signature:

Your Name: (please print)

Today's Date:

If you are legally authorized to represent the enrollee, you must provide the following information (not for agent use): (Power of Attorney (POA) documentation needs to be submitted with the application)

Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Relationship to Enrollee: Child Friend Spouse Other _____

Section 4: Address Update–Please fill out if your address has changed

Permanent Residence Street Address Street Mailing Address or P.O. Box Address

Address: _____ County: _____

City: _____ State: _____ ZIP Code: _____

Section 5: Agent and Today's Options Use Only

Agent Name (please print): _____ Today's Date: _____

Agent ID #: _____ Agent Signature: _____

Plan Name: _____ Effective Date of Coverage: _____

Please indicate your enrollment period: ICEP AEP (11/15/2008 – 12/31/2008) OEP (1/1/2009 – 3/31/2009)
If SEP, please choose one: New to Medicare, not 65 Institutional Relocation Loss of Employer Coverage
 Medicaid No Longer Special Needs Disenrolling from a Medicare Drug Cost Plan
 Current Plan Ending Medicare Contract Losing or Receiving LIS SPAP
 Lost Creditable Drug Coverage Other _____

Today's Options is a Medicare-approved Medicare Advantage plan offered through American Progressive Life & Health Insurance Company of New York and Pyramid Life Insurance Company, members of the Universal American family of companies. Today's Options contracts with the Federal government.