



# TRANSITION TO SENIOR MEMBERSHIP

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First Name

Last Name

Membership ID

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Now that you are turning 65, you can transition to the Senior program. Please provide us with the information requested below to complete the process.

**Have you read the Guidelines?**  Yes  No

**Have you applied for Medicare Parts A & B?**

Have/will have Medicare Part A effective: \_\_\_\_\_

Have/will have Medicare Part B effective: \_\_\_\_\_

Please note that in order to be part of the Senior Program, Medicare Parts A&B are BOTH required. If you do not have both Parts A&B then medical bills will be submitted without the necessary Medicare Explanation of Benefits and thus will be ineligible for sharing. If it is determined that you do not have both Parts A&B, your membership may be cancelled.

**Do you have or plan to have a Medicare Advantage Plan, Medi-Gap Program, or other supplemental plan/program (other than Impact) to assist with your medical bills while on Medicare?**

Yes (If you answer yes, please call (855) 378-6777 prior to completing this form.)

No

**Proof of Medicare Parts A&B is required.** Please submit proof of being enrolled in Medicare Part A and Part B by submitting a copy of your Medicare card or a letter from Medicare indicating that you are enrolled in both Parts A&B to the following:

Email: [applications@impacthealthsharing.com](mailto:applications@impacthealthsharing.com) | Fax: (855) 378-6777 | Mail: 8210 West State Rd 84, Davie, FL 33324

In order to begin your Senior Membership, we must receive this form, completed and signed, as well as proof of Medicare Part A and Part B. If these are not received within 120 days, your Impact membership will be cancelled.

**SIGNATURE:**

**DATE:**

Proof of Medicare attached