

# Download File PDF Humana Medicare Enrollment

#Jenny



Finally I get this ebook, thanks for all these I can get now!

#Rio



Cool! I'am really happy

#Markus Jensen



I did not think that this would work, my best friend showed me this website, and it does! I get my most wanted eBook

#Hun Tsu



wtf this great ebook for free?!

#Che Salsa



My friends are so mad that they do not know how I have all the high quality ebook which they do not!

#Diego Butler



so many fake sites. this is the first one which worked! Many thanks

Humana Medicare Enrollment Form: SEP

Special Election Period Statements

SEP Code	Special Election Period (SEP) Statement	Applicable For SEP
<input type="checkbox"/> 01	Are you either the beneficiary, spouse, partner or employee of an individual who is eligible for Medicare?	SEP 01/01 or 01/02
<input type="checkbox"/> 02	Are you currently receiving Medicare prescription drug coverage (Medicare Part D) or a Medicare Advantage plan (Part C)?	SEP 01/01 or 01/02
<input checked="" type="checkbox"/> 03	Other: In the past 6 months, one of the following has occurred: (check all that apply) <input type="checkbox"/> You are no longer covered by a group health plan or employer health plan. <input type="checkbox"/> You are no longer covered by a group health plan or employer health plan. <input type="checkbox"/> You are no longer covered by a group health plan or employer health plan.	SEP 01/01 or 01/02
<input type="checkbox"/> 04	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 05	Has your Medicare enrollment status changed in the last 6 months?	SEP 01/01 or 01/02
<input type="checkbox"/> 06	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 07	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 08	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 09	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 10	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 11	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 12	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 13	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 14	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 15	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 16	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
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<input type="checkbox"/> 21	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
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<input type="checkbox"/> 27	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 28	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
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<input type="checkbox"/> 36	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
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<input type="checkbox"/> 40	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 41	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 42	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
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<input type="checkbox"/> 48	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 49	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02
<input type="checkbox"/> 50	Are you currently receiving Medicare prescription drug coverage?	SEP 01/01 or 01/02

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