

**Instructions For Completing Unicare Security Choice
Enrollment Form**

DO NOT DATE ANY PART OF THIS FORM!

Top Page 1: You are the beneficiary. Copy your name, Medicare number, and effective dates for Part A and Part B exactly as they appear on your Medicare card.

Page 1, Section 1 (applicant information).

A & B: check yes or no.

Page 2, Section 2 (health information).

Questions A thru E: check the appropriate answer, yes or no.

Page 3, Section 3 (rights and responsibilities).

Initial the highlighted place at the bottom of page 3.

Page 4, Section 4 (acknowledgement).

Initial the highlighted place at the top of page 4.

Page 4, Section 5 (applicant signature). DO NOT DATE!

Sign in the first highlighted area above applicant's signature.

If someone helped you complete this enrollment form they should sign in the highlighted area below your signature on page 4, and indicate their relationship to you.

If you would like to pay monthly through bank draft, make your check in the amount of \$9 payable to "Unicare." Also, you must enclose a "VOIDED" check and complete the "checking account authorization form" on the flap attached to Page 4.

If you would like to pay for the balance of the calendar year, make your check payable to "Unicare" for the number of months remaining in the current year times \$9, i.e. enroll June 1, 7 months times 9 = \$63.

If you have questions, please call us toll free at 1-888-841-9455

Return your enrollment form to: Associated Insurance Group
14 South Chicago Avenue Freeport, Illinois 61032

DO NOT SEND TO UNICARE!