



Acknowledgement of Receipt of the Enrollment Package
Plan Communications and Marketing Materials

I have selected the HealthSun plan indicated below (please check mark):

Miami-Dade County

- Plan 001
HealthAdvantage Plan (HMO)
- Plan 006
MediMax (HMO)
- Plan 015
MediSun Plus (HMO D-SNP)

Broward County

- Plan 012
HealthAdvantage Plan (HMO)
- Plan 006
MediMax (HMO)
- Plan 015
MediSun Plus (HMO D-SNP)

Palm Beach County

- Plan 013
HealthAdvantage Plan (HMO)
- Plan 014
MediMax (HMO)
- Plan 016
MediSun Plus (HMO D-SNP)

Please Read and Sign Below

The HealthSun enrollment package includes the following materials for the 2021 enrollment year:

- 1) Medicare Star Rating
- 2) Summary of Benefits
- 3) Pre-Enrollment Checklist
- 4) How to Find Important Plan Information (e.g. EOC, Provider and Pharmacy Directory)
- 5) Temporary Member ID Card
- 6) OTC Catalog
- 7) Part D Formulary (List of Covered Drugs)

I have reviewed the Summary of Benefits for the HealthSun plan that I have checked above. I understand and agree to all the benefits and services covered under the HealthSun plan checked above that were presented and/or made available to me for the 2021 enrollment year.

Signature: _____ Date: _____

Print name: _____ Phone Number: _____

Relationship to enrollee: _____
(If you are the authorized representative)

If you are the authorized representative you must complete all the above and provide your relationship to the enrollee.