

RVF



# MARTIN'S POINT

MEDICARE ADVANTAGE PLANS

GENERATIONS ADVANTAGE

Dear Generations Advantage Member,

Recently we received information that your address may have changed. It is important that we have your correct permanent address on file.

Please contact us to verify your permanent address.

You have two ways to do this:

**1. Complete the form on the second page and return it to:**

Generations Advantage Enrollment  
PO BOX 9746  
Portland, ME 04104-9895

**2. Call Member Services at 1-866-544-7504 (TTY: 711)**

We are available 8 am–8 pm, seven days a week from October 1 to February 14; and 8 am–8 pm, Monday through Friday from February 15 to September 30

Your permanent address must be in our service area in order for you to be a member of one of our plans. Our service area includes all counties in Maine and New Hampshire.

Please note that our plans are not the same in all counties. Some plans are not available in every county. Some have different premiums. **If you moved to a different county within the service area you may be disenrolled.** Please call us.

If you plan on being out of the area for a few months you may request that we send mail to you at another address outside of our service area. You can use the form on the back or call us.

We appreciate your quick response. Thank you,

Generations Advantage Member Services  
Martin's Point Health Care

# RESIDENCE VERIFICATION FORM



**MARTIN'S POINT**  
MEDICARE ADVANTAGE PLANS  
GENERATIONS ADVANTAGE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

## **Your Permanent Address**

Please tell us the permanent address where you live. **Do not use a post office box.**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

When did you begin residing at this address? Date (month/year): \_\_\_\_\_

## **Your Mailing Address**

If the address that you want us to use to send information to you is different than your permanent address, please provide it below. *(You may skip this section if your mailing address is the same as your permanent address that you provided.)*

Street or P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## **Your Temporary Address**

If you are currently living somewhere other than your permanent address, please provide the address. **Do not use a post office box.** *(You may skip this section if you are living at your permanent address.)*

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

When did you begin residing at this address? Date (month/year): \_\_\_\_\_

When do you expect to return to your permanent address? Date (month and year):

\_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have moved and have not notified Social Security of your new permanent address, you may call them at 1-800-772-1213 (TTY: 1-800-325-0778). They are available 7 am-7 pm, Monday through Friday.*