

RVF



MARTIN'S POINT[®]
HEALTHCARE

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 Hillsborough and Strafford counties in 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

Martin's Point Generations Advantage
891 Washington Avenue | PO Box 9746 | Portland, Maine 04104-5040
www.MartinsPoint.org/Medicare

RESIDENCE VERIFICATION FORM

Name _____

Date of Birth _____

Member 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.