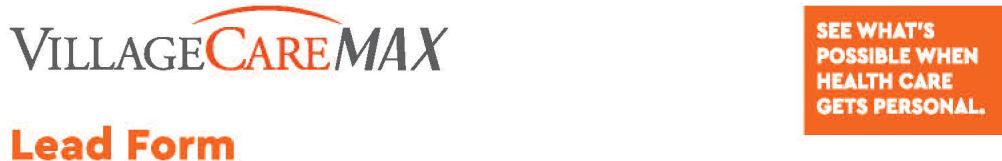


Appendix 1

Appendix 1: VillageCareMAX Lead Form



Lead Form

Beneficiary Name: _____

Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

By signing below, I give permission to be contacted with information about VillageCareMAX's Medicare Advantage Special Needs Plans (SNP) HMO for individuals eligible for both Medicare and Medicaid.

My permission to be contacted is valid from the date of my signature until next available enrollment opportunity only. I understand that a VillageCareMAX Advisor will explain this information to me.

Beneficiary Signature: _____ Date: _____

I heard about VillageCareMAX Medicare Advantage Plan from:

- Print or Radio Ad Direct Mail/ Poster or Flier Doctor Friend or Family
- Community or Special Event Other (please specify) _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SECTION

Agent's Name: _____ Event: _____

VillageCareMAX is an HMO plan with Medicare and New York State Medicaid contracts. Enrollment in VillageCareMAX depends on contract renewal.

VillageCareMAX complies with Federal civil rights laws and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATENCION: si habla español, tiene a su español servicios gratuitos de asistencia lingüística. Llame al 1-800-469-6292 (TTY:711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-469-6292 (TTY: 711).

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6/1/2022