

2026 Essence Election Period Job Aid



Changes to 2026

- New temporary special election period for Incorrect Medicare Plan Finder Medicare Advantage (MPF MA) Provider Directory information. Only available for the first year of the MPF MA provider directory and only for individuals with MA enrollment effective dates of January 1 to December 1, 2026.
- CMS provided clarification with expanded use cases for Dual/LIS monthly SEPs.
- Essence does not have any plans rated 5-Stars for plan year 2026 so SEP-5ST cannot be used.
- There are four (4) consistently poor performing plans for plan year 2026 which have been added to page 13 for SEP-LPI.

REMINDERS:

- Except for AEP, all other election codes are one-time-use as outlined for each scenario. If a beneficiary has “buyer’s remorse” before the effective date, best practice is for the beneficiary to cancel the other enrollment before using that election for a different new plan enrollment.
- CMS prohibits marketing OEP—beneficiary must be expressing dissatisfaction with their current plan. To be eligible to use OEP/OEP-New, a beneficiary must be active in a Medicare Advantage plan. They may make one change to another Medicare Advantage plan or may return to Original Medicare (with or without a PDP) annually January 1–March 31 and within the three (3) month window that begins with the date of Medicare Entitlement.

ENROLLMENT AND ELECTION PERIOD LINKS			
ICEP-Initial Coverage Election Period	IEP-Initial Election Period	Part B Forms	
(MA) OEP-Open Enrollment Period	OEP-I-Open Enrollment Period Institutional	(MA) OEP Charts (following IEP/ICEP)	
AEP-Annual Enrollment Period		IEP VS ICEP Chart	
SPECIAL ELECTION PERIODS (SEPS)			
SEP-New Move-(V) (Change in Residence)	SEP-SPAP-(38)	SEP-CMS & State-Initiated Enrollments (Passive Enrollments)-(U)	SEP-Individuals Enrolled In an Plan Placed in Receivership-(39)
SEP-Employer/Union Group Health Plan (EGHP)-(W)	SEP-Contract Not Renewed-(12)	SEP-To Enroll in PDP if not Entitled to Premium Free Part A and Who Enroll in Part B During General Enrollment-(34)	SEP-Individuals Enrolled in a Consistently Low Performing Plan-(40)
SEP-Involuntary Loss of Creditable Prescription Drug Coverage-(22)	SEP-Loss/Gain of Special Needs Status-(35)	SEP-Non-U.S. Citizens Who Become Lawfully Present-(37)	SEP-Retroactive Entitlement-(32)
SEP-PACE-(27)	SEP-Individuals Who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions-(21)	Dual/LIS Eligible	Gain/Loss/Change in Dual Eligible or LIS Status (U)
SEP-Government Entity Declared Disaster or Other Emergency (FEMA)	SEP-Return To USA (V)	Released from Incarceration-(V) or (22)	SEP-Cost Plan Non-Renewal (28)
SEP-Contract Not Renewed Mid Year-(11)	SEP-Contract Not Renewed Mutual Consent-(12)	SEP-Contract Termination-(11)	
SPECIAL ELECTION PERIODS-INFORMATIONAL PURPOSES ONLY			
SEP-Five Star Rated Plans- R (Essence does not have any plans rated 5 STARS for 2026)	SEP-Enroll/Disenroll in Connection With CMS Sanction- NOT FOR AGENT USE-CMS USE ONLY	SEP-Contract Violations- NOT FOR AGENT USE-CMS USE ONLY	SEP-Not Adequately Informed of Loss of Creditable Coverage- NOT FOR AGENT USE-CMS USE ONLY
SEP-Federal Employee Error- NOT FOR AGENT USE-CMS USE ONLY	SEP-Significant Change in Provider Network- NOT FOR AGENT USE-CMS USE ONLY	SEP-Other Exceptional Circumstances- NOT FOR AGENT USE-CMS USE ONLY	SEP-Other Exceptional Circumstances-Market Misrepresentation- NOT FOR AGENT USE-CMS USE ONLY
SEP-Enrollment Based on Inaccurate Provider Directory/Medicare Plan Finder Data- NOT FOR AGENT USE-CMS USE ONLY			

MEDICARE PLAN ENROLLMENT/ELECTION PERIODS

Appendix I—Examples of Questions to Determine Election Code Eligibility

TYPE OF ELECTION OR SEP	EXAMPLE QUESTIONS	LINK to CODE
Change in Residence	- Has the beneficiary recently moved? If so, when? - Has the beneficiary been out of the service area more than six (6) months and been disenrolled?	V
Employer/Union Group Health Plan (EGHP)	- Does the beneficiary currently have (or are leaving) coverage offered by an employer or union? - Has the beneficiary recently lost such coverage? If so, when?	W
Medicaid or Medicare Savings Program	Did the beneficiary recently receive a letter informing of new eligibility for their state’s Medicaid program, a change in Medicaid status or loss of Medicaid eligibility? If so, when?	U
Low Income Subsidy	Did the beneficiary recently receive a letter informing of their new eligibility in the Extra Help program, a change in Extra Help level or loss of Extra Help eligibility? If so, when?	U
PACE	Is the beneficiary currently enrolled in a special plan called “PACE”?	27
SPAP	Does the beneficiary belong to a qualified SPAP or is no longer eligible for a SPAP?	38
CMS/State Assignment	- Has the beneficiary recently received a blue letter (i.e., Reassignment notice) from Medicare? - Did the state/plan send them a letter to let them know they are being moved to a different plan? - Did the beneficiary recently receive a yellow letter (i.e., Autoenrollment notice) from Medicare?	U
Involuntary Loss of Creditable RX Coverage	Has the beneficiary lost creditable prescription coverage, including a reduction making that coverage no longer creditable? If so, when?	22
Chronic Condition	Was the beneficiary disenrolled from C-SNP either for not meeting the chronic condition or the VCC form was not returned thus beneficiary needs to choose a different plan?	35
Institutionalized	- Is the beneficiary moving into or is a resident of a skilled a nursing facility or long-term care hospital? - Is the beneficiary moving out of such a facility?	OEP-I (T)
Open Enrollment Period	- If dissatisfaction expressed, is today’s date between 1/1-3/31? Is the beneficiary currently enrolled in a MA/MAPD and not already used OEP election? Check MARx to validate. - If dissatisfaction expressed, is the beneficiary currently enrolled in a MA/MAPD and is it within the first three (3) months of their Medicare entitlement and not already used OEP election? Check MARx to validate.	OEP(M)

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE [For Office Use]	COVERAGE STARTS	ATTESTATION OF ELIGIBILITY SELECTIONS
ICEP-Medical Coverage Delayed Part B while already has Part A (Includes GEP)	1. The individual has Medicare Part A and opted out of Medicare Part B when first eligible. The individual is eligible for 5-month period to enroll in a MA/MAPD plan. The ICEP would occur during the three (3) months prior to the effective date for Part B, the month of the effective date for Part B and the month after the effective date for Part B. 2. If the individual is adding Part B during the General Enrollment Period (Jan. 1–Mar. 31), or during Medicare Part B SEP, Part B begins the month following enrollment.	ICEP (I) 5-month period to enroll in a MAPD plan	1. If the individual signs up before Part B eligibility starts, MAPD coverage starts the same month as Part B eligibility. If the individual signs up the same month or the month after Part B eligibility, MAPD coverages starts the month after enrollment. 2. MAPD effective date starts the month after enrollment. NOTE: The beneficiary is ineligible to enroll after 3/31 when the General Enrollment Period has ended.	1. I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan. 2. I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1–March 31 each year). I want to join a Medicare drug plan (Part D) or Medicare Advantage Plan with drug coverage.
IEP-Prescription Coverage 1. Initial Election Period-gaining Medicare A & B at the same time 2. Turning 65 and has Medicare due to disability (2nd IEP)	1. This enrollment period is for individuals who are gaining Medicare Part A & B at the same time. The IEP is a seven (7) month period that begins three (3) months before the month a person turns 65, their birthday month (or the month prior if their birthday is on the 1st of the month) and ends three (3) months after the person turns 65. For someone under age 65 who becomes entitled to Medicare based on disability, entitlement begins with the 25th month of disability benefit entitlement. For these individuals, the IEP begins three (3) months before the 25th month of disability benefit entitlement, includes the 25th month, and ends three (3) months after. The IEP for people with ESRD and ALS varies based on their situation. NOTE: If a beneficiary who resided out of the country during the period of their Original Medicare eligibility and is now moving back to the US/US territory and gained Medicare Part A & B for the first time are eligible for the IEP. 2. Individuals with Medicare due to disability (before age 65) will have a second IEP (seven (7) month period) when they turn 65 to change/enroll in a MAPD. NOTE: If an individual had a Part D penalty before their 65th birthday and use the 2nd IEP to enroll in a MAPD, the penalty will no longer apply as long as they continue to maintain Part D or creditable prescription coverage.	IEP (E) and 2nd IEP (F) 7-month period to enroll in a MAPD	1. If the individual signs up before Part B eligibility starts, MAPD coverage starts the same month as Part B eligibility. If the individual signs up the same month or the month after Part B eligibility, MAPD coverages starts the month after enrollment.	IEP (E): I am new to Medicare. IEP-2 (F): I had Medicare prior to now, but I’m now turning 65.

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AEP-Annual Enrollment Period	An individual may join, drop, or switch to another Medicare Advantage Plan with or without drug coverage (or add or drop drug coverage). An individual may switch from Original Medicare to a MAPD or from a MAPD to Original Medicare. An individual may join, drop or switch to another Medicare drug plan if they are in Original Medicare.	AEP (A) 10/15–12/07 annually	MAPD coverage starts January 1st NOTE: The plan must receive an enrollment request by December 7th.	I am enrolling during the Medicare Annual Enrollment Period (AEP) for coverage to begin on January 1.
(MA) OEP-Open Enrollment Period 1. January 1–March 31st annually 2. Within the first three (3) months of Medicare entitlement	1. Individuals who are already enrolled in a MA/MAPD may make a one (1) time plan change to enroll in another MA/MAPD OR to disenroll back into Original Medicare and join a separate PDP. NOTE: Beneficiaries on Original Medicare or a Medicare Supplement are not eligible to use the (MA) OEP. 2. Individuals who are NEWLY enrolled in Medicare Advantage are eligible for an OEP following their IEP/ICEP and Medicare entitlement. The one-time OEP begins the month of entitlement (effective date) for Medicare Part A/B and for two (2) additional months. NOTE: Beneficiaries who use their IEP/ICEP and enroll in a MAPD during the month of their Medicare entitlement (effective date) or later during the initial seven (7) month period will reduce or even forfeit their OEP. NOTE: NOT eligible for second use with IEP-2 upon turning 65 for those on Medicare due to disability.	OEP (M) 1. 1/1–3/31 annually 2. The Month of Medicare entitlement and two (2) additional months	MAPD coverage starts the 1st day of the following month after the enrollment request has been received. NOTE: The plan must receive an enrollment request by March 31st for the Annual OEP.	I am enrolled in a Medicare Advantage Plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
OEP-I-Open Enrollment Institutional When moving into, residing in, or moving out of an institution for MA/MAPD	The OEP-I begins when the individual moves into or out of an institution, continues while the individual resides in the institution, and ends two calendar months after the month the individual moves out of the institution. A qualified institution is considered: a skilled nursing facility, nursing home, psychiatric hospital or unit, Intermediate Care Facility for Individuals with Intellectual Disabilities—ICF/ID, rehabilitation hospital or unit, long-term care hospital, or a swing-bed hospital. NOTE: An election made during this SEP may never become effective prior to the first day of the month in which the individual’s residency in an institution begins.	OEP-I (T) A continuous enrollment period as long as the beneficiary is institutionalized and the two (2) months after leaving the facility. The OEP-I may be used once a month during eligibility.	The first day of the month after a completed application has been submitted, but not before the beneficiary becomes institutionalized or qualifies to enroll in a Special Needs Plan for institutionalized people.	1. I recently moved out of a long-term care facility (for example, a nursing home or a rehabilitation hospital). 2. I live in a long-term care facility (for example, a nursing home or a rehabilitation hospital).

SEP SITUATION	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE [For Office Use Page]	COVERAGE STARTS	ATTESTATION OF ELIGIBILITY SELECTIONS
Move - Address Change	Permanent Move out of Service Area and/or move to a new address that’s still within their current plans service area and now have new MA/MAPD plans available to them. Individuals experiencing a permanent change in residence can enroll in or switch Medicare Advantage (MA) or Prescription Drug Plans (PDP) under this Special Enrollment Period (SEP). Eligibility: 1. Moving Out of the Current Plan’s Service Area – Eligible for a new plan in the new location. 2. Moving Within the Same Service Area – Eligible to switch if new plan options become available at the new address. NOTE: If an individual did not notify their MA plan about a move: Medicare Advantage (MA) plans will disenroll members who move out of the plan’s service area and remain outside for more than six (6) months.	SEP-Permanent Move (V)	Dependent on when the member informs the plan about the move: Before the Move: SEP begins one (1) month before the move and lasts two (2) months after. Coverage typically starts the first day of the month after the move. After the Move: SEP starts the month the move is reported and lasts two (2) more months. Coverage begins the first day of the month after enrollment is processed.	I recently moved outside of the service area for my current plan, or I recently moved, and this plan is a new option for me. I moved on (insert date).
Return to USA	Individuals who lived outside of the U.S. and has now moved back to the U.S. If an individual is enrolling in a Medicare Advantage plan after returning to the United States from living abroad, they should use the Special Enrollment Period (SEP) designated for individuals who have recently moved back to the U.S.	SEP-Permanent Move (V)	SEP-V: After the Move: SEP starts the month the move is reported and lasts two (2) more months. Coverage begins the first day of the month after enrollment is processed.	I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).
Released from Incarceration	SEP for Individuals who were incarcerated and has now been released. Those who enroll in Part A and/or B under the exceptional condition SEP can also use a SEP to enroll in a Medicare Advantage (Part C) or Part D plan. NOTE: Medicare Advantage enrollees are automatically disenrolled if incarcerated, as it places them outside the plan’s service area. Disenrollment is based on SSA data and takes effect the month after incarceration begins. Plans will notify affected beneficiaries, who must contact SSA to dispute their status. Beneficiaries without Part D or creditable coverage for 63+ days may face a LEP when enrolling later. However, incarceration does not count toward this period since inmates are ineligible for Part D.	SEP-S Involuntary Loss/ Cred. Coverage (22) If the individual was disenrolled from a plan or unable to enroll while incarcerated, and now qualifies again. SEP-Permanent Move (V) If an individual is released from jail and moves to a new permanent residence in a different service area.	SEP-S: This SEP begins when the individual applies for Part A and/or B and lasts two (2) full months after coverage starts. Part C or D coverage begins the month after enrollment is received. SEP-V: After the Move: SEP starts the month the move is reported and lasts two (2) more months. Coverage begins the first day of the month after enrollment is processed.	I recently was released from incarceration. I was released on (insert date).

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Employer/Union Group Health Plan (EGHP)	Individuals can enroll in or drop employer/union health or drug coverage, whether current or former (retiree plan), regardless of its creditable status. This SEP allows individuals to: 1. Enroll in an employer/union-sponsored MA or Part D plan. 2. Disenroll from employer-sponsored MA/Part D (EGHP) and switch plans. 3. Drop employer coverage (including COBRA) to enroll in an MA or Part D plan. 4. Leave an MA or Part D plan to take employer-sponsored coverage.	SEP-Gain or Loss of Employer Coverage (W)	This SEP starts when disenrollment is requested and lasts two (2) more months. Individuals may choose an effective date up to three (3) months later, but it cannot be earlier than: 1. The 1st of the month after the election, or 2. Their Medicare Part A & B entitlement date. NOTE: If an employer/union submits an application late, coverage may be retroactive to the submission date. Enrollment requests under multiple election periods must allow the individual to choose their effective date (unless exceptions apply). Plans must attempt to contact the individual and document the outreach. Group enrollments follow SEP EGHP rules unless the individual requests a different effective date under another eligible election period. For EGHP SEP enrollments, the CMS application date is the 1st of the month before the effective date to ensure individual enrollments take priority in CMS systems.	I'm leaving employer or union coverage on (insert date).
Involuntary Loss of Creditable Prescription Drug Coverage	An individual qualifies for this SEP if they involuntarily lose creditable drug coverage, including when coverage changes and is no longer creditable. Loss due to non-payment does not qualify. Allows individuals to enroll in an MA-PD or PDP after involuntarily losing creditable drug coverage. NOTE: This does not include losing drug coverage because the individual does not pay, or cannot afford, their premiums.	SEP-S Involuntary Loss of Creditable Prescription Drug Coverage (22)	SEP Timing & Coverage Start: 1. The individual has two (2) months after losing creditable coverage or being notified it's no longer creditable (whichever is later) to enroll. 2. Coverage begins the 1st of the month after enrollment or, if requested, up to three (3) months later.	I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).

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Program of All-Inclusive Care for the Elderly (PACE) (A special type of health plan that provides all the care and services covered by Medicare and Medicaid as well as additional medically necessary care and services based on their needs as determined by an interdisciplinary team. PACE serves frail older adults who need nursing home services but are capable of living in the community. PACE combines medical, social, and long-term care services and prescription drug coverage.)	This SEP allows individuals who are in the Program for All-inclusive Care for the Elderly (PACE) to disenroll from a PACE organization and enroll in a MA plan or Part D plan. This SEP also allows individuals who are enrolled in a MA plan and/or a Part D plan to disenroll from their plan(s) and enroll in a PACE organization. NOTE: An individual can disenroll from their Medicare Advantage or Part D plan at any time to enroll in PACE.	SEP-S PACE Transition (27)	The SEP ends two (2) calendar months after the effective date of the PACE disenrollment.	I recently left a PACE program on (insert date).
Qualified State Pharmaceutical Assistance Program (SPAP) Members	To use this SEP, the individual must be actively enrolled in a CMS-recognized state-run SPAP. An individual who belongs to a qualified “State Pharmaceutical Assistance Program” (SPAP), or the state acting as their authorized representative, can request to enroll in a PDP or MAPD plan once per calendar year if the individual wants to make a change. SPAP AEP Enrollment & Processing: 1. AEP enrollments must use October 15 as the application date to ensure later individual requests override SPAP enrollments in CMS. 2. Plans must coordinate with SPAP if issues arise, including: – Incomplete enrollment (to obtain missing info). – Conditional rejection (to confirm understanding of employer/union drug coverage impact).	SEP-S SPAP (38)	Once per calendar year while enrolled in SPAP. Two (2) months after SPAP loss or notification (whichever is later). Coverage starts the 1st of the month after enrollment is received	I belong to a pharmacy assistance program provided by my state.

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Contract Non-Renewal	Allows individuals to enroll in an MA or Part D plan if their current plan is terminated, discontinued in their area, or they receive notice of an impending termination or reduction. (The Medicare Advantage Plan or Part D plan must notify the member by October 1 if it won't offer Medicare drug or health coverage next year, and it must continue to provide coverage through the end of the current calendar year.)	SEP-S Contract/Plan Non-Renewal (12)	Plan Non-Renewal SEP Timing: The individual can switch MA or Part D plans from December 8 to February 28. This is in addition to Fall Open Enrollment (Oct 15–Dec 7). • Enrollments made from October 15 through December 31 are effective January 1. • Enrollments made during January are effective February 1. • Enrollments made in February are effective March 1. Plans must notify individuals by October 1st if the plan will not offer coverage next year.	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
Contract Termination - Mid-Year	If a Medicare Advantage (MA) plan contract is terminated mid-year, affected individuals qualify for a Special Enrollment Period (SEP) to switch to another MA or Part D plan or return to Original Medicare. If no new plan is chosen, the individual is automatically enrolled back into Original Medicare. CMS Process: 1. CMS notifies the MA plan of termination and may recover prorated capitation payments if mid-month. 2. Members are notified within 30 days of the decision, with alternative coverage options provided. 3. Public notice is issued within 30 days, published in local newspapers.	SEP-S Contract Term - Immediate (11)	The individual can start new MA or Part D coverage the month after notice or up to two (2) months after coverage ends. SEP lasts two (2) months before and one (1) month after plan termination.	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
Modification or termination of contract by mutual consent.	Mutual Termination Conditions: CMS requires MA organizations agreeing to mutual termination to wait two (2) years before applying for new contracts or expansions, unless special circumstances apply. A contract may be modified or terminated at any time by written mutual consent.	SEP-S Contract Term - MOA (12)	SEP Timing & Coverage Start: 1. SEP lasts two (2) months before and one (1) month after termination. 2. New coverage can start the month after notice or up to two (2) months after termination, but not before the new plan receives the request.	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

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Contract Termination - CMS	CMS may terminate an MA or Part D plan due to misconduct or issues. Plans must provide 30 days’ notice before termination. SEP for CMS-Initiated Termination: Begins one (1) month before and ends two (2) months after the plan’s termination date	SEP-S Contract Term - CMS (11)	SEP for Plan Termination: 1. Lasts one (1) month before and two (2) months after termination. 2. New coverage can start up to three (3) months after the previous plan ends.	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
Loss of Special Needs Status (SNP)	The individual loses eligibility to continue getting coverage through their SNP. The individual can enroll in a Medicare Advantage or Part D plan starting the month they lose SNP eligibility, lasting three (3) months after extended coverage ends or until they enroll in a new plan. NOTE: SNPs must continue to cover the individual for at least one (1) month if they become ineligible and for up to six (6) months if it’s likely that they will re-qualify within six (6) months.	SEP-S Loss of SNP (35)	The first day of the month after an individual submits a completed application.	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date).
Dual/LIS Eligible (Applicable to standalone prescription drug plans only)	The SEP for low-income subsidy eligible individuals is a Part D SEP that allows a “full-benefit dual eligible individual” or “partial-benefit dual eligible or other low-income subsidy (LIS) eligible individual” to enroll once per month into any standalone prescription drug plan but does not permit enrollment into MA-PD plans or changes between MA-PD plans. SEP Restriction: This SEP is not available if the individual is identified as a “potential at-risk” or “at-risk” beneficiary under a Part D drug management program. The plan will notify the individual if classified as such.		The SEP may be used once per month with an effective date of the first of the following month.	
Gain/Loss/Change in Dual Eligible or LIS Status	This SEP allows a “full-benefit dual eligible individual” or “other LIS-eligible individual” to enroll in or disenroll from a Part D plan one time if the individual gains, loses, or has a change in their Medicaid or subsidy-level status or LIS eligibility. SEP for Dual/LIS Status Changes: Allows a one-time Part D enrollment or disenrollment if an individual: 1. Gains Medicaid or LIS eligibility (including Title XIX assistance). 2. Loses Medicaid or LIS eligibility. 3. Experiences a change in assistance level (e.g., loses Medicaid but keeps LIS, changes cost-sharing, or gains additional Medicaid benefits like nursing home care).	SEP-Gain/Loss/Change of Dual Eligible Status (U)	SEP Timing & Effective Date: 1. Coverage starts the 1st of the month after enrollment. 2. SEP lasts three (3) months from the change or notification, whichever is later.	I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date).

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CMS or State-Initiated Enrollment Action (Passive enrollments, etc.)	SEP for CMS or State-Initiated Actions: Allows CMS or a state to enroll, disenroll, or change a beneficiary’s MA or Part D plan to ensure appropriate coverage or correct errors. SEP for CMS/State-Initiated Enrollment: Individuals auto-enrolled by CMS or a state can use this SEP to disenroll and choose a different plan, exercising their opt-out rights. Those passively enrolled due to plan termination or non-renewal may also qualify. Passive Enrollment (Plan Non-Renewal or Termination): 1. CMS or a state automatically enrolls beneficiaries into a new plan when their current plan ends or changes. 2. Beneficiaries receive notice and can opt out or select another plan. Example: The individual’s Medicare Advantage plan shuts down, and Medicare enrolls them in a similar plan to maintain coverage. Auto-Enrollment (Full-Benefit Dual Eligibles): 1. Applies to full-benefit dual-eligible individuals (Medicare + Medicaid). 2. If no plan is chosen, the state or CMS enrolls them into an MA-PD to prevent coverage gaps. Example: A newly dual-eligible individual is automatically placed in an MA-PD if they don’t choose one. Facilitated Enrollment (Partial Dual & LIS Eligible): 1. For low-income individuals eligible for Extra Help who haven’t picked a plan. 2. Medicare assigns them to a PDP or MA-PD to ensure drug coverage. Example: An Extra Help recipient without a PDP is automatically enrolled in a suitable plan.	SEP-CMS and State Initiated Enrollments-(U)	SEP Timing & Effective Date: 1. MAPD coverage begins the 1st of the month after enrollment. 2. One-time election allowed within three (3) months of the assignment’s effective date or notification, whichever is later. 3. If notice is delayed, SEP lasts three (3) months from the notice date.	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
Enrolled in Part B during the Part B General Enrollment Period when NOT Entitled to free Part A	Applies to those without premium-free Part A who enroll in Part B during the General Enrollment Period (GEP) (Jan–Mar). Enrolling in Part B during the GEP may subject the individual to a late enrollment penalty, increasing their monthly premium. The GEP is a 3-month period that takes place from January 1 through March 31 of each year. Part B and premium Part A coverage will begin the month after a person enrolls during the GEP.	SEP-S Part B General Enrollment-(34)	MAPD SEP Timing & Effective Date: 1. MAPD coverage starts the 1st of the month after enrollment. 2. SEP lasts two (2) months after Part B enrollment, which begins the month after signing up.	I pay a premium for Part A and I signed up for Part B during the General Enrollment Period (January 1– March 31 each year). I want to join a Medicare Advantage Plan with drug coverage.

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Non-U.S. Citizens who become Lawfully Present	CMS will provide an SEP for non-U.S. citizens who become lawfully present in the United States to enroll in an MA, Part D, or MA-PD plan for which they are eligible. This SEP begins the month the individual attains lawful presence.	SEP-S Lawfully Present (37)	SEP for Lawfully Present Individuals: 1. MAPD coverage starts the 1st of the month after enrollment. 2. SEP lasts two (2) months after the month lawful presence begins.	I recently obtained lawful presence status in the United States.
Individuals who Requested Materials In Accessible Formats But Did Not Receive Timely	MAOs must provide materials in accessible formats to their enrollees. This SEP allows an individual equal time to make an enrollment decision and allows the individual to make the same election(s) that was permitted before the individual received the required notices in an accessible format. Applies to individuals who requested but didn't receive required notices or information in an accessible format within the standard timeframe. This generally includes formats such as Braille, data, and audio files, or other formats accepted by the enrollee in place of, or in addition to, the original print material. Individuals seeking assistance for this SEP may also contact 1-800-MEDICARE.	SEP-Accessible Format Delay-(21)	SEP for Accessible Format Delay: 1. Effective date varies based on individual circumstances. 2. SEP starts when the original election period ends and lasts at least until the individual receives the required information in an accessible format.	I was adversely affected by having requested, but not received, notices or information in an accessible format to make an enrollment decision within applicable time frames.
Individuals Enrolled in a Plan Placed in Receivership	This SEP is for individuals enrolled in a plan offered by an MAO or Part D sponsor that has been placed into receivership by a state or territorial regulatory authority.	SEP-S Plan Placed in Receivership-(39)	MAPD SEP Timing & Effective Date: 1. Coverage begins the 1st of the month after enrollment. 2. SEP lasts from the effective month of state action until it ends or a new plan is chosen, whichever comes first.	I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.

SEP SITUATION	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE [For Office Use Page]	COVERAGE STARTS	ATTESTATION OF ELIGIBILITY SELECTIONS
Individuals Enrolled in a Consistently Poor Performing Plan	Individuals in a CMS-identified low-performing plan can make a one-time switch to a higher-rated plan if their current plan has received an overall Medicare star rating of less than three stars for three consecutive years. SEP lasts while enrolled in the low-rated plan and ends upon switching. CMS notifies enrollees in late October; the SEP is available through year-end and the following year. To switch, call 1-800-MEDICARE. For 2026, these individual contracts are LPI: Aetna H4982 (CA), Wellcare H5965 (WA), American Health Plan of Texas H6891, HealthSpring Life and Health H7389.	SEP-S CMS Identified Consistent Poor Performing Plan (40)	The effective date for the MAPD plan is the first day of the month following receipt of the enrollment request.	I am in a plan that has had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.
Impacted By A Emergency/Disaster	An individual affected by an emergency or major disaster declared by a federal, state, or local government is eligible to enroll in or disenroll from an MA plan or a Part D plan.	SEP-S FEMA/Disaster (01)	Starts on the earliest of: 1. Declaration date, 2. Incident start date, or 3. Date identified in the declaration. Ends two (2) months after: 1. The declared end date, 2. The announced incident end date, 3. The automatic end date per state/local law, or 4. If no end date is identified, 1 year after the SEP start date or renewal. Maximum SEP length: 14 months after the start date or renewal.	I was affected by an emergency or major disaster as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
SEP for individuals who are enrolled in a cost contract that is non-renewing for the area in which the enrollee resides	This SEP allows individuals to enroll in an MA or Part D plan if they are currently enrolled in a Medicare cost plan that is not renewing its contract for the area in which the enrollee resides.	SEP-S Cost Plan Non Renewal (28)	This SEP begins December 8 of the current contract year and ends on the last day of February of the following year.	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

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Retro Entitlement	The Retroactive Entitlement Special Enrollment Period (SEP) allows individuals to enroll in Medicare Part B outside the standard enrollment periods, with the option to have their coverage start retroactively. This SEP is particularly relevant for those who missed their Initial Enrollment Period (IEP) and have experienced specific exceptional conditions. Understanding the eligibility criteria, duration, and implications of this SEP is crucial for Medicare Advantage (MA) plans to assist beneficiaries effectively.	SEP-S Retro Entitlement (32)	Beneficiaries have two options for their Medicare Part B coverage start date: Prospective Enrollment: Coverage begins on the first day of the month following the month of enrollment. Retroactive Enrollment: Beneficiaries can request coverage to start retroactively, up to six (6) months prior, but not before the qualifying event (e.g., release from incarceration or loss of Medicaid). It's important to note that individuals opting for retroactive coverage are responsible for paying premiums for the retroactive period.	I recently was released from incarceration. I was released on (insert date) If the individual was incarcerated and missed their Initial Enrollment Period (IEP) or another enrollment opportunity, they qualify for the Retroactive Entitlement SEP upon release. I recently had a change in my Medicaid (recently got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) If the individual lost Medicaid eligibility and is now enrolling in Medicare, they could use this SEP. I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. I was notified of getting Medicare on (insert date):

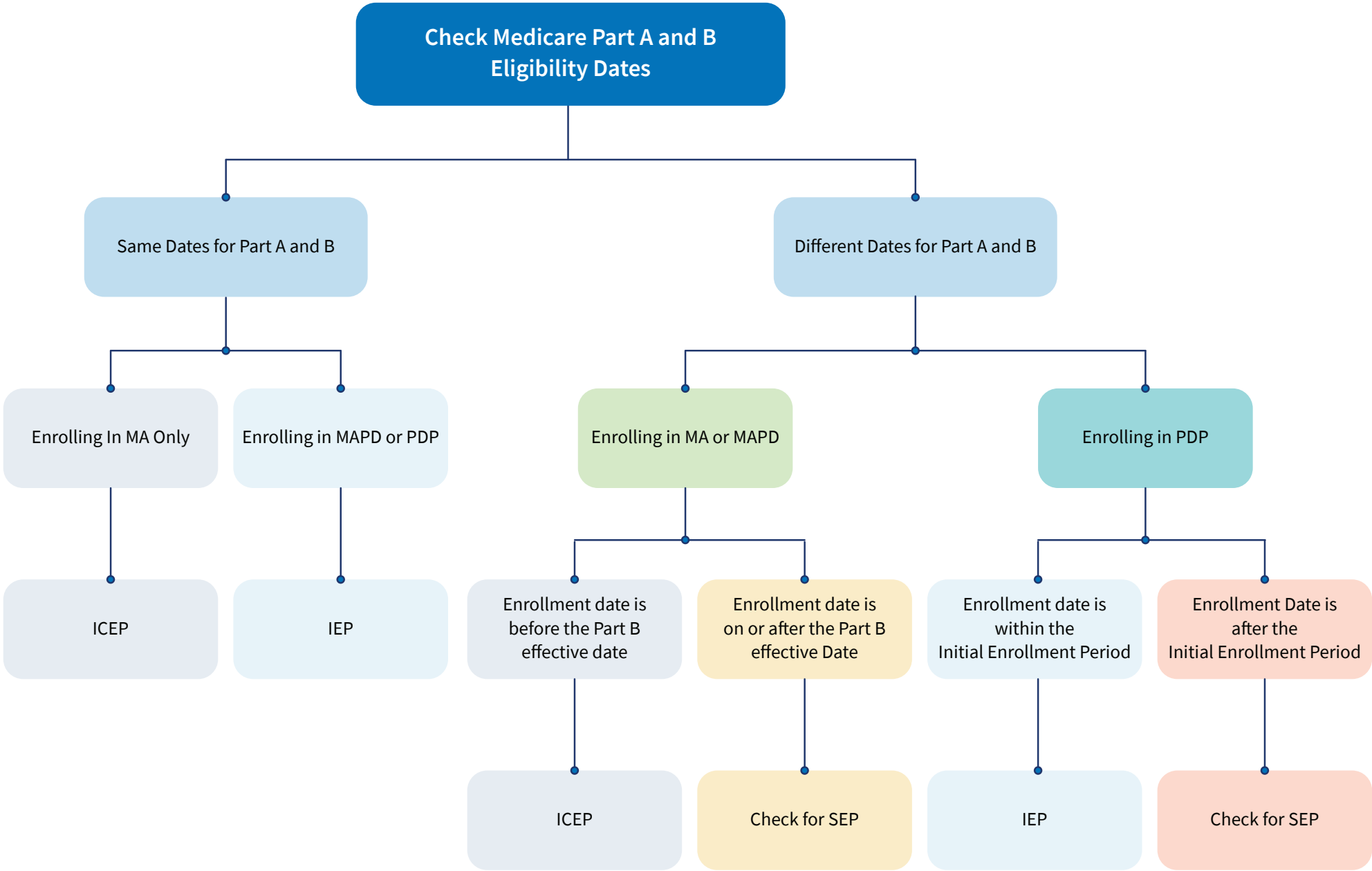
ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE [For Office Use]	COVERAGE STARTS	ATTESTATION OF ELIGIBILITY SELECTIONS
Five Star Rated Plans (Essence does not have any 5-Star Plans for 2026)	This SEP allows individuals to enroll in an MA plan or Part D plan with a Star Rating of 5 stars for an effective date during the year in which that plan has the 5-star overall rating, provided the enrollee meets all the other requirements to enroll in that plan (e.g., living within the service area). Individuals may use the 5-star SEP to disenroll from an MA plan by enrolling in a 5-star MA or Part D plan that is open for enrollment. An individual may not use this SEP for more than one enrollment in a contract year. An individual using this SEP can enroll in an MA-only or an MA-PD plan, even if coming from Original Medicare (with or without concurrent enrollment in a PDP). Individuals enrolled in a plan with a 5-star overall rating may also switch to a different plan with a 5-star overall rating.	SEP-5-Star-(R) Begins 12/8 prior to the contract year and ends 11/30 of the contract year if rated a 5-Star plan	The effective date for the MAPD plan is the first day of the month following receipt of the enrollment request.	I am enrolling in a 5-Star Medicare plan.
Enrollment Based on Inaccurate Provider Directory/Medicare Plan Finder Data	To utilize this SEP, beneficiaries must call 1-800-MEDICARE (available 24 hours a day/seven days a week) for a customer service representative to confirm the enrollment occurred directly through Medicare Plan Finder (MPF) and then process the enrollment change. This SEP is available for 3 months after the effective date of the MA plan election. Eligible individuals must have previously made a 2026 election through MPF using any available election period, including the 2026 Annual Election Period. CMS will grant an SEP for individuals who rely on MPF provider directory information, enroll in an MA plan through MPF, and within 3 months discover that their preferred provider was not actually in the MA plan’s provider network. The intent of this SEP is to allow an individual to make a change to their MA plan election in order to stay with their preferred provider.			NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment
Individuals who disenroll in connection with CMS sanction	This SEP allows individuals enrolled in an MA or Part D plan offered by an MAO or a Part D plan sponsor that has been sanctioned by CMS to disenroll from that plan. The SEP begins with the imposition of the sanction and ends when the sanction ends or when the individual makes an election, whichever occurs first. CMS may require the MAO or Part D plan sponsor to notify current enrollees that, if the enrollees believe they are affected by the matter(s) that gave rise to the sanction, the enrollees may be eligible for an SEP. Enrollees in an MA plan offered by a sanctioned MAO may use this SEP to elect another MA plan or disenroll to Original Medicare and enroll in a PDP.			NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment

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Contract Violations	This SEP is for individuals who demonstrate to CMS that their MAO or Part D plan sponsor substantially violated a material provision of the plan contract in relation to the individual or materially misrepresented the plan in communications with the individual. Such violations include, but are not limited to, an MAO or Part D sponsor: • Materially misrepresenting the plan when marketing the plan. • Failing to provide the individual, on a timely basis, medically necessary services, for which benefits are available under the plan. • Failing to provide medical services in accordance with applicable quality standards. The SEP will begin once CMS determines that a violation has occurred. Its length will depend on whether the individual immediately elects a new plan. Upon request, the individual may choose to be immediately disenrolled from the plan and be defaulted to Original Medicare or they may choose to immediately elect a new plan. If the individual does not immediately elect a new plan after the CMS determination, they have 90 calendar days to make an election.	Per the most recent guidance CMS Approval is required to use this SEP. Plans may not determine eligibility for these SEPs but may submit transactions to CMS in response to Enrollments/ Disenrollments received from CMS.	Coverage STARTS: When CMS determines a violation has occurred. Coverage ENDS: Can vary if the individual immediately elects a new MA plan or initially elects Original Medicare (up to 90 days from disenrollment date). If disenrollment is retro, CMS will establish SEP time frame. Effective Date: The individual may also choose an effective date of enrollment in the new plan beginning any of the three (3) months after the month in which the sponsor receives the completed enrollment request. However, the effective date may not be earlier than the date the sponsor receives the completed enrollment request. NOTE: On a case-by-case basis, CMS may process a retroactive disenrollment using this SEP.	NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment
Individuals who were not adequately Informed of loss of creditable prescription coverage	A Medicare-eligible individual who was not adequately informed of the creditable status of drug coverage provided by an entity required to give such notice or was not adequately informed of a loss of creditable prescription drug coverage, (or that they never had creditable coverage) may be eligible to enroll in, or disenroll from, a PDP or an MA-PD plan. CMS determines eligibility for this SEP on a case-by-case basis, based on its determination that an entity offering prescription drug coverage to a Medicare-eligible individual, failed to provide accurate and timely disclosure of the loss of creditable prescription drug coverage or whether the prescription drug coverage offered was creditable.	Per the most recent guidance CMS Approval is required to use this SEP. Plans may not determine eligibility for these SEPs but may submit transactions to CMS in response to Enrollments/ Disenrollments received from CMS.	This SEP begins the month that CMS determines the individual is eligible for the SEP. The SEP ends two (2) calendar months after the month CMS makes the determination of eligibility.	NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment



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Individuals Who are enrolled or not enrolled in Part D due to an Error by a federal Employee	An individual whose enrollment or non-enrollment in a Part D plan, including an MA-PD plan, was erroneous due to an action, inaction, or error by a federal employee is eligible to enroll in or disenroll from the Part D plan, as determined by CMS on a case-by-case basis. This SEP begins the month that CMS approves the SEP and ends two (2) calendar months after the month of the approval.			NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment
Significant Change in Provider Network	When CMS determines a change in a plan’s provider network to be significant, affected enrollees are eligible for an SEP that permits enrollment in another MA plan or disenrollment from the MA plan that has changed its network to Original Medicare. Enrollees are eligible for the SEP when the enrollee is assigned to, currently receiving care from, or has received care within the past three (3) months from a provider or facility being terminated from the MA (or MA PD) plan’s provider network. NOTE: When instructed by CMS, the MA plan that has significantly changed its network must notify its enrollees, in the form and manner directed by CMS, of the enrollees’ eligibility for this SEP and how to use the SEP.	Per the most recent guidance CMS Approval is required to use this SEP. Plans may not determine eligibility for these SEPs but may submit transactions to CMS in response to Enrollments/ Disenrollments received from CMS.	The SEP can be used only once upon a significant change in provider network. It begins the month enrollees are notified of eligibility for the SEP. The SEP ends two (2) calendar months after the month in which enrollees are notified of their eligibility.	NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment
Other Exceptional Circumstances	CMS will establish an SEP, on a case-by-case basis, for exceptional circumstances related to enrollment into or disenrollment from an MA or Part D plan that are not otherwise captured in regulation. The SEP begins once CMS makes its determination and the enrollee has been notified.	Per the most recent guidance CMS Approval is required to use this SEP. Plans may not determine eligibility for these SEPs but may submit transactions to CMS in response to Enrollments/ Disenrollments received from CMS.	The effective date for an enrollment or disenrollment election using an approved enrollment exception is based on the individual’s circumstances and will be effective the first of the month and may be either prospective or retroactive. The earliest prospective enrollment effective date is the first day of the calendar month following the month in which the election is made.	NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment

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OTH EXC CIRC- MARKET MISREP	Other exceptional circumstance SEP specific to marketing misrepresentation established by CMS on a case-by-case basis where the enrollment or disenrollment in an MA Plan or PDP was based on misleading or incorrect information provided by a Plan representative or SHIP, or enrollment in a Plan without knowledge or consent of the beneficiary. Circumstances beyond the individual’s control that prevented them from submitting a timely request to enroll in or disenroll from a plan during a valid election period. This is inclusive of, but not limited to, a serious medical emergency of the individual or their authorized representative during an entire election period, a change in hospice status, or mailed enrollment or disenrollment requests returned as undeliverable on or after the last day of an enrollment period.	Per the most recent guidance CMS Approval is required to use this SEP. Plans may not determine eligibility for these SEPs but may submit transactions to CMS in response to Enrollments/ Disenrollments received from CMS.	CMS will review supporting details and documentation to determine eligibility for the SEP for exceptional circumstances. CMS’s review can be in response to an individual’s request for an exception to the current enrollment rules, as well as CMS’ determination that an exception is warranted for a group of beneficiaries. The SEP begins once CMS makes its determination and the enrollee has been notified. The effective date for an enrollment or disenrollment election using an approved enrollment exception is based on the individual’s circumstances and will be effective the first of the month and may be either prospective or retroactive. The earliest prospective enrollment effective date is the first day of the calendar month following the month in which the election is made.	NOT for Agent Use If beneficiary is eligible, they should be directed to CMS to process the enrollment



(MA) OEP CHARTS (FOLLOWING IEP/ICEP)

JANUARY	FEBRUARY	MARCH	APRIL 1 EFFECTIVE DATE	MAY	JUNE	JULY
IEP is a seven (7) month window to add MAPD (or PDP) ICEP is a seven (7) month window to add MA-only						
Used IEP in Jan–March to enroll in a MAPD for 4/1 effective date			OEP for 1 change (April–June) to another MA/MAPD or PDP			No OEP
Used IEP in April for 5/1 effective date				OEP for 1 change (May–June) to another MA/MAPD or PDP		
Used IEP in May for 6/1 MAPD effective date					OEP for 1 change (June)	
Used IEP in June for 7/1 MAPD effective date						

Above Example: Part A and Part B are the **SAME DATE**. This example shows when the OEP can be used, when it is reduced or forfeited based on the use of the IEP/ICEP by the beneficiary.

JANUARY	FEBRUARY	MARCH	APRIL 1 EFFECTIVE DATE	MAY	JUNE
ICEP for Delayed Part B is a three (3) months prior to Part B effective date to add MA/MAPD					
Used ICEP in Jan–March to enroll in a MA/MAPD with 4/1 effective date			OEP for 1 change (April–June) to another MA/MAPD or PDP		

Above Example: Part A and Part B are a **DIFFERENT DATE** (delayed Part B or delayed Part A). This example shows when the OEP can be used following Delayed Part B using the ICEP to enroll in a MA/MAPD

Resource: <https://www.cms.gov/files/document/cy-2026-cd-enrollment-and-disenrollment-guidance.pdf>

CMS	THIS APPLICATION IS USED FOR:	LINK FOR ONLINE SUBMISSION	CALL TO APPLY:	ADDITIONAL NOTES:
Medicare Part A & Part B application	Medicare is the U.S. health insurance program for people age 65 or older. The individual will sign up for Medicare Part A and Part B through Social Security, so they can make both retirement and Medicare choices and withhold any premiums from their benefit payments.	https://secure.ssa.gov/iClaim/rib	Available in most U.S. time zones Monday through Friday, 8 a.m. to 7 p.m., in English, Spanish, and other languages. Call +1 800-772-1213 Tell the representative you want to sign up for Medicare Parts A and B, or Part A only. Call TTY +1 800-325-0778 if you're deaf or hard of hearing.	Basic Information is needed to submit an application such as social security number, permanent residence, date of birth, etc.
Extra Help Part D application	The Extra Help program helps people with limited income and resources to lower or cut Part D costs. Medicare Part D provides drug coverage. The Extra Help program helps with the cost of prescription drugs, like deductibles and copays. An individual can apply for Extra Help any time before or after they enroll in Part D.	https://www.ssa.gov/medicare/part-d-extra-help	Available in most U.S. time zones Monday through Friday, 8 a.m. to 7 p.m., in English, Spanish, and other languages. Call +1 800-772-1213 Tell the representative you want to set up an appointment to apply for Part D Extra Help. Call TTY +1 800-325-0778 if you're deaf or hard of hearing.	These documents need to be gathered for the individual and their spouse: • Bank statements and tax returns • Individual Retirement Account (IRA) or 401(k) account balances • Statements for pensions, Veterans' benefits, annuities, and Railroad Retirement Board benefits


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CMS FORM	THIS FORM IS USED FOR:	LINK TO THE FORM(S):	LINK FOR ONLINE SUBMISSION	ADDITIONAL NOTES:
CMS 40B: Application for Enrollment in Medicare Part B	Signing up for Part B when the individual already has Part A	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS017339	https://secure.ssa.gov/mpboa/medicare-part-b-online-application/	If the individual prefers to go to a SSA office for submission, they can use the SSA locator: https://secure.ssa.gov/ICON/main.jsp
CMS L564: Request for Employment Information	Providing the Social Security Administration proof the individual is eligible to sign up for Part B if: • The individual is still working • The individual retired within the last eight (8) months • The individual lost job-based health coverage within the last eight (8) months	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS009718		To sign up for Part B in one of these situations, the individual will also need to fill out and submit an Application for Enrollment in Part B (CMS-40B) form at the same time.
CMS 10797: Application for Medicare Part A & Part B - Special Enrollment Period (Exceptional Conditions)	Signing up for Part A & Part B if the individual meets the criteria for a Special Enrollment Period.	https://www.cms.gov/files/document/application-medicare-part-part-b-special-enrollment-period-exceptional-conditions.pdf	https://secure.ssa.gov/mpboa/medicare-part-b-online-application/	The individual can sign up for Part B (and Premium-Part A) without paying a late enrollment penalty, using an “exceptional conditions” Special Enrollment Period if they: • Lost Medicaid coverage on or after 1/1/2023. • Missed a chance to sign up because the individual was impacted by a natural disaster or an emergency that’s declared or starts on or after 1/1/2023. • Missed a chance to sign up because the individual got inaccurate or misleading information from their health plan or employer on or after 1/1/2023. • Were released from incarceration on or after 1/1/2023 (and missed a chance to sign up while the individual was incarcerated). • Missed a chance to sign up because the individual experienced other exceptional conditions. The individual must contact Social Security to ask for the special Enrollment Period.
CMS 10798: Application for Enrollment into Part B Immunosuppressive Drug Coverage	Signing up for the Part B Immunosuppressive Drug benefit.	https://www.cms.gov/files/document/cms-10798.pdf		