

# Elderplan Plus Long-Term Care (HMO-POS D-SNP) Electronic Notice Request Form



Mail this form to:  
Elderplan c/o Command Direct  
PO Box 18023  
Hauppauge, NY 11788

## Enrollee

Name: \_\_\_\_\_  
Enrollee Full Name

Enrollee Number: \_\_\_\_\_  
Member ID number

**Instructions:** Complete this form to ask Elderplan to send Enrollee's First name's notices electronically.  
*You must select an electronic option in #1 and #2 below.*

1. Instead of getting a notice by mail, I want Elderplan to send me these notice by:  Web Portal
2. Along with getting a notice by phone call, I want Elderplan to send me these notices by:  Web Portal
3. Instead of getting communications about my member handbook, my plan's provider directory, and changes to my Medicaid managed care benefits by mail, I want Elderplan to send me these notices by:  Web Portal

**Contact Information:** Enter your contact information for your choices above.

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with Elderplan before?  Yes  No
- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing?  
You can let us know if change your mind.  Yes  No

## Designee Information (person you want to represent you)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Enrollee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Notice Of Non-Discrimination

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Elderplan complies with Federal civil rights laws. Elderplan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Elderplan provides the following:

- **Free aids and services to people with disabilities to help you communicate with us, such as:**
  - Qualified sign language interpreters
  - Written information in other formats (large print audio, accessible electronic formats, other formats)
- **Free language services to people whose first language is not English, such as:**
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Elderplan at **1-877-891-6447**. For TTY/TDD services, call **711**.

If you believe that Elderplan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Elderplan by:

**Mail:** 55 Water Street, 46th Floor, New York, NY 10041,

**Phone:** **1-877-326-9978** (for TTY/TDD services, call **711**)

**In person:** 55 Water Street, 46th Floor, New York, NY 10041,

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

**Web:** Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Mail:** U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** **1-800-368-1019** (TTY/TDD **800-537**)

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ATTENTION: Language assistance services, free of charge, are available to you. Call 1-877-771-1119 (TTY: 711).	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-771-1119 (TTY: 711).	Spanish
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 1-877-771-1119 (TTY: 711).	Chinese
مقرر ل صتا . ناجملابك , فلو تة يوغلاا ةدعاسملا تامدخ نإف , ةغللا ركذا شذحتت تذك اذا : ةظوحام 1-877-771-1119 مكل او م صلا فتاه مقرر( 711)	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-877-771-1119 (TTY: 711) 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-771-1119 (телетайп: 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-771-1119 (TTY: 711).	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-771-1119 (TTY: 711).	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-771-1119 (TTY: 711).	French Creole
וּפ יירפ סעסיוורעס הליה קארפש קייא ראפ נאהראפ ונעעז , שידיא טדער ריא ביוא : םאזקרעמפיוא לאצפא . טפור ( 711 ) 1-877-771-1119	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-771-1119 (TTY: 711).	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-771-1119 (TTY: 711).	Tagalog
লক্ষ্য কখনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন কখন ১-১-৮৭৭-৭৭১-১১১৯ (TTY: ৭১১)	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pag-esë. Telefononi net 1-877-771-1119 (TTY: 711).	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-771-1119 (TTY: 711).	Greek
یرک لاک - سید بایتسد سیم تغم تامدخ کی ددم کی ناپز وک پآ وت , سیدے زلوب ودرآ پآ رگا : رادرخ 1-877-771-1119 (TTY: 711)	Urdu