

MoRx Enrollment Form

To receive benefits, you must live in Missouri and be in a Medicare Part D prescription drug plan. Do **not** send this form if you are in MO HealthNet (formerly Missouri Medicaid) or if an employer-sponsored plan pays for your prescription drugs.

1. Personal Information				
Last Name:		First name:		Middle initial:
Date of birth:	Sex:	Phone number:		
SSN: (Social Security Number)		Medicare claim number: (The number on your red, white & blue Medicare Health Insurance card)		
Name of your Medicare Part D prescription drug plan:				
Residence address:				
City:	State:	Zip code:	County:	
Mailing address (complete only if you want your mail sent to a different address):				
Last name:		First name:		Middle initial:
Address:				
City:	State:	Zip code:		
2. Race/ethnicity (check all that apply)				
3. Check the ONE box that best describes your INCOME. Information is required for MoRx eligibility.				
Single, widowed, divorced or live apart from my spouse and:		Married and:		
4. Check the ONE box that best describes your LIQUID ASSETS. Liquid assets are the total value of your savings, investments and real estate. Do not include your primary home, vehicles burial plots or personal possessions. This information is required, but does not affect your MoRx eligibility.				
Single, widowed, divorced or live apart from my spouse and:		Married and:		

* You may also be eligible for extra help with Medicare Part D costs. Call the Social Security Administration at 1-800-772-1213 to get an application.

5. Sign and date	
You must sign this form. If you cannot sign, a representative may sign for you.	
I certify and attest that I am a resident of the State of Missouri and that the answers to the questions on this form, the items on the form and the submitted required documentation are true and accurate. I understand that the MoRx Plan may check it against other government records or require additional proof from me at any time.	
Sign: _____	Date: _____
Check the appropriate box:	



Cut at the line and keep the bottom portion for your records.

Important: Send one **copy** of your Medicare Health Insurance Card and one **copy** of your Social Security Card with your **signed** enrollment form to: MoRx Plan, PO Box 208, Troy, MO 63379. **Do not send originals.**

1. Send a **COPY** of your Medicare Health Insurance Card
2. Send a **COPY** of your Social Security Card

