

Dual Care PPO D-SNP Eligibility Questionnaire Special Supplemental Benefits for the Chronically Ill (SSBCI)

Please answer the question below to help determine if you are eligible for Dual Care Special Supplemental Benefits for the Chronically Ill (SSBCI). These benefits would provide you a monthly allowance to spend on groceries, rent and utilities. Completion of this form does not affect your enrollment in this plan. More information about benefits can be found in the Dual Care Summary of Benefits and the Dual Care Evidence of Coverage.

Q: Have you been diagnosed with and treated for one or more of the chronic conditions listed below?

Yes **No**

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| <ul style="list-style-type: none"> • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic alcohol and other drug dependence • Chronic heart failure • Chronic lung disorders • Chronic and disabling mental health conditions | <ul style="list-style-type: none"> • Dementia • Diabetes • End-stage liver disease • End-stage renal disease (ESRD) • HIV/AIDS • Neurologic disorders • Severe hematologic disorders • Stroke |
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Name:	Date of Birth:
Signature:	Phone:

Please fax your completed and signed form with your enrollment application to 205-994-7530. You may also email it to faxapplications@simpra.com or mail it to Simpra Advantage, PO Box 23607, Tampa, FL 33623-3607.