

CMS-10718 CY 2025 MEDICARE ADVANTAGE AND MEDICARE PRESCRIPTION DRUG PLAN ENROLLMENT FORM CROSSWALK

Current MA/Part D Enrollment Form	Location on Current Enrollment Form	Revised CY 2025 MA/Part D Enrollment Request Form	Type of Change	Reason for Change	Current Location
En español: Llame a <Plan Name> al <phone number/TTY> o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.	Page 1	En español: Llame a <Plan Name> al <phone number/TTY> o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.	Rev	The correct number for requesting 1-800-MEDICARE Spanish assistance is 8.	Page 1
Permanent Residence street address (Don't enter a PO Box)	Page 2, Section 1	Permanent Residence street address (Don't enter a PO Box. Note: Individuals experiencing homelessness may enter a PO Box - the plan will need to confirm your residency in the service area.)	Rev	Although an individual must provide a permanent residence street address to verify service area residency, there are exceptions where an individual may provide a PO Box. For example, individuals experiencing homelessness may provide a PO Box. If an individual puts a Post Office Box as their place of residence on the enrollment form, the MA organization or PDP sponsor must contact the individual to confirm that the individual resides in the service area.	Page 2, Section 1
Section 2 – All fields on this page are optional	Page 3, Section 2 header	Section 2 – All fields in this section are optional	Rev	Since this form is a model document, plans are able to modify the form such that the information that appears in Section 2 doesn't all appear on one page.	Page 3, Section 2 header

		Data CD	Add	Adding additional alternative format for the enrollment form to improve accessibility.	Page 3, Section 2
		<p>What was your sex assigned at birth? You can find this on an original birth certificate or similar document. Select one.</p> <ul style="list-style-type: none"> • Female • Male • A sex that's not listed: [free text] • Not sure • I choose not to answer 	Add	CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.	Page 3, Section 2
		<p>What's your gender identity? Select one.</p> <ul style="list-style-type: none"> • Female • Male • Transgender female • Transgender male • A gender that's not listed: [free text] • Not sure • I choose not to answer 	Add	CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.	Page 3, Section 2
		<p>What's your sexual orientation? Select one.</p> <ul style="list-style-type: none"> • Lesbian or gay • Straight • Bisexual • A sexual orientation that's not listed: [free text] • Not sure • I choose not to answer 	Add	CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.	Page 3, Section 2

	<p>For individuals helping enrollee with completing this form only Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.</p> <p>Name: _____ Relationship to enrollee: _____ Signature: _____ National Producer Number (Agents/Brokers only): _____</p> <p>[optional space for other administrative information needed by plan]</p>	Add	<p>42 CFR 422.60 and 423.32 require individuals who assist beneficiaries in completing the enrollment, including authorized representatives, to indicate they have provided assistance and their relationship to the beneficiary. The "office use only" block was included in older versions of the enrollment form but subsequently removed. This box would provide a space for individuals to indicate that they assisted the beneficiary in filling out the form.</p>	Page 4
--	--	-----	--	--------

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.