



**iCare Customer Service: 1-800-777-4376 (TTY: 711)**

Our customer service is available 24 hours a day, 7 days a week.

Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

**www.iCareHealthPlan.org** • iCare is wholly-owned subsidiary of Humana.

## Consent to Receive Materials Electronically

I understand that I do not have to sign this form and that my health care benefits, payment, or enrollment will not be affected if I don't. I understand that I, or my authorized representative, am entitled to receive a copy of this completed form. I understand I can request to cancel this consent form at any time, but I must do so in writing. I understand that if I cancel this notice, I will resume receiving hard copies of required plan materials. I can contact the iCare Member Advocate/Member Rights Specialist to help cancel the consent. I am aware that my cancellation will not be effective for any material that has already been transmitted to me electronically.

I consent to receive iCare materials in electronic format.

Please print your first and last name:

Please print your date of birth (DOB):

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All iCare materials that I elect to have transmitted to me electronically should be sent to the following e-mail address (please print your email address below):

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## Information to be Transmitted Electronically

The following iCare Family Care Partnership (HMO D-SNP) and/or iCare Family Care Partnership Medicaid-Only materials may be sent to me by email.

### Medicaid Materials

- ☐ Family Care Partnership Member Handbook for Medicaid Benefits
- ☐ Family Care Partnership Medicaid-Only Provider Directory
- ☐ Appeals Request Form
- ☐ Medicaid-Only Prior Authorization Information
- ☐ Self-Directed Supports Information
- ☐ Medicaid-Only Diabetic Supplies List
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### Medicare Materials

- ☐ Annual Notice of Changes (ANOC)
- ☐ Evidence of Coverage (EOC)
- ☐ Summary of Benefits
- ☐ Provider/Pharmacy Directory
- ☐ Formulary (Drug List)
- ☐ Medicare Star Ratings
- ☐ Self Directed Supports Information
- ☐ Appeals Request Form
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

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## Notice of Right to Request Hard Copies of Materials

You may request a hard copy of the materials listed above. There are several ways to request a hard copy to be mailed to you. The materials are available in paper form without charge, and iCare FCP will provide it upon request within (5) business days:

1. Call Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
2. Email us at [info@iCareHealthPlan.org](mailto:info@iCareHealthPlan.org)
3. Go online at [www.iCareHealthPlan.org/hardcopy](http://www.iCareHealthPlan.org/hardcopy)

A request for a hard copy of any of the materials listed above can be a one-time or a permanent request. You may find what you need by visiting our web site at any time [www.icarehealthplan.org/memdocs](http://www.icarehealthplan.org/memdocs)

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## Cancellation of Consent to Receive Materials Electronically

I understand that at any time I can cancel my consent to receive materials electronically by notifying iCare.

I understand I must cancel my consent in writing. Unless cancelled in writing, this consent will expire upon disenrollment from iCare.

Mail your notification letter to cancel your consent to:

Independent Care Health Plan  
Attention: iCare Family Care Partnership  
1555 North RiverCenter Drive  
Suite 206  
Milwaukee, Wisconsin 53212

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## Signatures

Please sign on the line below.

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Signature of iCare Member or Legal Representative\*

Date

Signature of Witness is only required if member is signing with a mark such as "X".

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Signature of Witness

Date

\*If signed by legal representative, please check the relationship to the member and the permission to do so.

Member is one or more of the following (check all that apply):

- ☐ Minor
- ☐ Incompetent
- ☐ Incapacitated
- ☐ Deceased

Nature of Legal Authority (check all that apply):

- ☐ Custodial Parent
- ☐ Legal Guardian
- ☐ Activated Power of Attorney for Healthcare
- ☐ Executor of Estate of Deceased

**NOTE:** When the member is an adult and you are signing as the legal representative, proof is required of the legal representative relationship in order to release information.

Include Guardianship, Power of Attorney – Health Care, or Executor paperwork as documentation.

**THIS DOCUMENT WILL NOT BE HONORED UNLESS ACCOMPANIED BY THE REQUIRED DOCUMENTATION.**

Auxiliary aids and services, free of charge, are available to you.  
**1-800-777-4376 (TTY: 1-800-947-3529)**, available 24 hours a day,  
7 days a week (Standard office hours: Monday – Friday, 8:30 a.m. – 5:00 p.m.  
Central time).

Independent Care Health Plan (iCare), a wholly-owned subsidiary of Humana, complies with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

**မြန်မာနိုင်ငံ (Burmese)** အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

**簡體中文 (Simplified):** 您可以拨打上面的电话号码以获得免费的语言协助服务。

**Soomaali (Somali)** Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

**ພາສາລາວ (Lao)** ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**Tiếng Việt (Vietnamese)** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**Srpsko-hrvatski (Serbo-Croatian)** Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

This notice is available at [icarehealthplan.org](https://www.icarehealthplan.org)

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