

2022 Essential Extras Selection Form

Select your benefit here

Please use this form to choose one benefit for 2022.

You have three ways to make your selection. You can:

- Enroll online using the Sydney HealthSM app
- Call us at the Customer Service number on the back of your member ID card.
- Fax or mail this form. 1-800-833-8554 or PO Box 659403, San Antonio, TX 78265-9714

Once your selection has been processed, we will send you a confirmation letter.

Please pick **ONE** of the following free benefits:

- | | | |
|--|---|---|
| <input type="checkbox"/> Assistive Devices | <input type="checkbox"/> Healthy Meals | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Flex Account - Dental,
Vision, Hearing | <input type="checkbox"/> In-Home Support | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health & Fitness Tracker | <input type="checkbox"/> Personal Home Helper | |

Name: _____

Member ID number: _____ Member phone number: _____

Member attestation for eligibility

I acknowledge and understand that if my plan offers Essential Extras, I am entitled to **ONE** of those benefits for 2022, and I confirm my provider agrees my selection is appropriate for my care. My plan may contact my provider if they need more information. I give permission to the plan or one of its agents to contact me regarding my chosen benefit. I also understand unused benefits do not roll over to the next calendar year.

Provider name: _____

Provider phone number: _____

Member signature: _____ Date: _____