

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

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: \_\_\_\_\_