



Enrollee Advisory Committee Membership Application

Recruitment is open! We're looking for interested Banner Medicare Advantage Dual HMO D-SNP members and member representatives to join our Enrollee Advisory Committee. All Council members play an important role in guiding ways to improve access to covered services, coordination of services, and health equity for Banner Dual members.

Where can I get an application?

You can find this application on our website at www.bannerhealth.com/MA-EAC. It's easy. Just fill out the form, save it, and email it to MemberRetention@bannerhealth.com.

Need help?

If you need help with the application, simply call Isabel Fuentes at (520) 694-3158 or Lea Medina at (602) 747-1302. You can also email MemberRetention@bannerhealth.com for assistance.

If you are selected for the Council, we'll provide you with all the training and support you need. If you don't have access to the Internet at home, you can also go to your public library. You might want to call ahead to make sure the library is open, and computers are available.

For accommodations of persons with special needs at meetings please call our Customer Care Center at (877) 874-3930, TTY 711, 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Dual HMO D-SNP Enrollee Advisory Committee Application

Date: _____

Name: _____

First

Middle

Last

Address: _____

Street

City

Zip Code

Phone: _____ **Email:** _____

Gender: Male Female Non-Conforming/Other _____

The Diversity of our Committee matters. Please share anything about your ethnic or cultural background: (Optional)

Please tell us why you would like to be a member of this Committee:

Are you a member of other committees or councils at this time?

No Yes - *Please list:* _____

Are you able to attend daytime meetings? The tentative dates for our 2024 Enrollee Advisory Committee meetings are as follows: March 21, 2024, June 20, 2024, September 19, 2024, and December 19, 2024.

No Yes

Will you require any accommodations to participate: (please check all that apply)

American Sign Language Interpreter

Language Interpreter/Translation - Primary Language

Captioning

Large Print

Braille

Other - *Please Describe:* _____

Signature:

Date: