Check that your name and other information are correct.

If you want to enroll in a Cal MediConnect Plan, fill in the circle of the plan you want.

Sign and date HERE.

Choice Form Instructions
For forms mailed after 9/1/2014

1. Leave blank if you are not currently pregnant

2. If you want to keep Original Medicare, select a Medi-Cal health plan

3. If you want PACE, fill in the circle, but also pick a Cal MediConnect plan from Option A or a Medi-Cal plan from Option B (Choose one or the other, but not both) as your 2nd choice

Los Angeles County’s Choice Form is shown above. Health plans in your county may be different.