



Enrollee Advisory Committee Application

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

Where can I get an application?

To apply, visit www.BannerHealth.com/MA-EAC. Under 'How to Apply', choose the online application available in both English and Spanish. Complete the form and submit it online. You can also apply by completing the form provided below and emailing it to **MemberRetention@bannerhealth.com**.

Need help?

If you need help with the application, email **MemberRetention@bannerhealth.com** for assistance.

If you are selected for the committee, we will contact you by phone to inform you of the next steps, including any training and documents you will receive from the Member Retention Department.

For accommodations of persons with special needs at meetings, please call our Customer Care Center. We are open 8 a.m. to 8 p.m., seven days a week.

Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711

Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711

Banner Medicare Advantage
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:* _____

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:** _____