County of Orange Benefits Center
PO Box 199712
Dallas, TX 75219-9768

Medicare Verification Form

Name
Address
City, State ZIP

County of Orange Benefits Center
Web: www.benefitsweb.com/countyoforange.html
Benefits Resource Line: 1-866-325-2345

Why Am I Getting This?

The County of Orange requires that all retirees and their covered dependents that are eligible for Medicare enroll in and maintain continuous Medicare coverage. **If you or your dependents are Medicare eligible, you must enroll and maintain your Medicare Part B coverage. You and your dependents must also enroll in Medicare Part A if you qualify for Part A at no cost.**

What Do I Need To Do?

If you are a new retiree and are already age 65, are approaching your 65th birthday, or are enrolling a dependent that is already age 65, you must provide written documentation of enrollment in Medicare Parts A&B or Medicare Part B Only. You must provide this documentation for yourself and/or your covered dependents if over the age of 65, or under age 65 but eligible for Medicare.

Please complete, sign and return this form along with the supporting documentation listed below to the Benefits Center if:

- You or your current dependents are newly eligible for Medicare (Intent to Retire, Retirement, or 65th birthday) and/or:
- You are enrolling a new dependent who is age 65 or older (or Medicare eligible due to disability)

Retiree/Dependent Name	Medicare Status (A&B or B Only)	Type of Documentation Enclosed (See list of acceptable documentation on back of form)

What's Next?

Failure to provide documentation of current enrollment in Medicare Part A&B, or Medicare Part B only to the Benefits Center may result in suspension of the Retiree Medical Grant (if applicable), automatic enrollment into a different health plan and payment of higher rates for retirees without Medicare.

If your documentation is reviewed and denied, or if you fail to respond to this request, you will receive an updated *Benefits Confirmation Statement* reflecting your new health plan and /or rate.

Important - Signature Required on page 2

Important: In order to receive the reduced health plan rates, and the Retiree Medical Grant (if applicable) you must provide documentation of Medicare enrollment to the County of Orange Benefits Center as follows:

- If you are adding a dependent who is over age 65 or otherwise Medicare eligible during **Open Enrollment**, or upon your initial enrollment into a retiree health plan, or as the result of a Qualified Life Event, you must provide a copy of your dependent's Medicare card in addition to a letter from Medicare or documentation of Medicare premium payment showing that their Medicare enrollment is current.

- If you or any of your dependents are turning age 65 or are otherwise **newly eligible for Medicare**, you must provide a copy of yours or your dependent's Medicare card, as applicable.

- If you are **newly retired and are already age 65** or older, you must provide a copy of your Medicare card. If you are not newly enrolled in Medicare (within the last year), you must also provide a letter from Medicare or documentation of Medicare premium payment showing that your Medicare enrollment is current.

- If you are newly retired and under age 65, but already enrolled in Medicare due to disability, you must provide a copy of your Medicare card in addition to a letter from Medicare or documentation of Medicare premium payment showing that your Medicare enrollment is current.

If you have enrolled yourself or a new dependent during your initial enrollment into a retiree plan, or as the result of a qualified life event, you must return this form and your supporting documentation within 60 days from the date of the event which made you and/or your dependent(s) eligible for coverage (intent to retire. retirement date, 65th birthday, marriage, etc.).

If you are adding a dependent during Annual Open Enrollment, this form and supporting documentation must be returned by December 31, 2013.

Please send the required documentation to:

Regular Mail	**Fax Number**
County of Orange Benefits Center PO Box 199712 Dallas, TX 75219-9768	1-973-837-3330 **(Be sure to keep a copy of your fax confirmation page!)**

Certification

By signing this form, you are certifying that the information supplied by you is true and correct and that you and/or your dependent(s) have enrolled in Medicare as required. You acknowledge that you must maintain enrollment in Medicare, for yourself and/or your dependent(s). Failure to maintain Medicare enrollment may result in losing your Retiree Medical Grant (if applicable), a change in your monthly health plan premiums to a higher non-Medicare premium, and in some cases, a change in your retiree health plan. If in the future you fail to notify the County of Orange Benefits Center of changes in your Medicare enrollment status, you may also be responsible for repayment of the Retiree Medical Grant and difference in health plan rates paid retroactive to the date of your lapse in Medicare.

Participant Signature | Date

Print Full Name

Participant Work Phone Number | Participant Home Phone Number