



STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS



2017 MEDICARE GENERATIONRx MEDICARE PART D PRESCRIPTION DRUG PLAN
HIGH-INCOME SURCHARGE VERIFICATION

Last Name First Name Social Security Number

If you are covered as the spouse of an OGB plan member, enter information below

OGB Plan Member's Last Name OGB Plan Member's First Name OGB Plan Member's SSN

Each person covered by OGB's Medicare GenerationRx Medicare Part D plan has a separate ID card that contains the 12 digit member number for that person

Your Medicare GenerationRx Member # OGB Plan Member's Medicare Generation Rx #

Address:

City State Zip

Your Monthly High-Income Part D Premium Surcharge Amount:

Your Monthly Payment Method for High Income Surcharge (select one)

- Deducted from your monthly Social Security check
Invoiced to you by CMS every quarter or month

Your Signature Date

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Primary Telephone Number Alternate Telephone Number

Email Address

Return this completed form and copies of your verification to:

Office of Group Benefits
P.O. Box 44036
Baton Rouge, LA 70804-4036