

STATE OF LOUISIANA DIVISION OF ADMINISTRATION OFFICE OF GROUP BENEFITS



2019 MEDICARE GENERATIONRX MEDICARE PART D PRESCRIPTION DRUG PLAN HIGH-INCOME SURCHARGE VERIFICATION

I and Name	Chart Mana	Carial Carreita Namelana	
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	Member's First Name OGB Plan Member's SSN	
Each person covered by OGB's Medicar contains the 12 digit member number j	re GenerationRx Medicare Part D plan ho for that person	as a separate ID card that	
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	
()	()		
Primary Telephone Number	Alternate Telephon	e Number	
Email Address			
Return this completed form and copi	ies of your verification to:		

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

Rev- 01/2019 GB-20