



2015 Medicare GenerationRx Medicare Part D Prescription Drug Plan High-Income Surcharge Verification

Your Last Name	Your First Name	Your Social Security #

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

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 GenerationRx #

Address

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City	State	Zip Code

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

Daytime Telephone Number

Email Address

I'd like to receive the For Your Benefit newsletter and other communications from OGB via email.

Return this completed form and copies of your verification to:

Office of Group Benefits
P.O. Box 66678
Baton Rouge, LA 70896-6678