

STATE OF LOUISIANA DIVISION OF ADMINISTRATION **OFFICE OF GROUP BENEFITS**



2016 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:		
O'I	Gr. A	
City	State	Zip
Vous Monthly High Income Part D Promium Curcharge Amount.		
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 copies of your verification to:		

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

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