



STATE OF LOUISIANA - OFFICE OF GROUP BENEFITS
 2026 SILVERSCRIPT PART D PRESCRIPTION DRUG PLAN
 HIGH INCOME SURCHARGE VERIFICATION



PLAN MEMBER INFORMATION			
LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	
If you are covered as the spouse of an OGB plan member, enter their 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 SilverScript Medicare Part D plan has a separate ID card that contains the member number for that person.			
SILVERSCRIPT MEDICARE MEMBER #		OGB PLAN MEMBER'S SILVERSCRIPT MEDICARE ID #	
STREET ADDRESS	CITY	STATE	ZIP CODE

Your Monthly High-Income Part D Premium Surcharge Amount (select one):

Deducted from your monthly Social Security Check

Invoiced to you by Centers for Medicare & Medicaid Services (CMS) every quarter or month

Signature

Date

CONTACT INFORMATION	
PRIMARY TELEPHONE NUMBER	ALTERNATE TELEPHONE NUMBER
EMAIL ADDRESS	

Return this completed form and a copy of the Medicare letter that informed you of your Social Security benefit for the plan year to:

Office of Group Benefits
 Attention: Customer Service
 P.O. Box 44036
 Baton Rouge, LA 70804-4036
 Fax: 225-342-9917
 email: ogb.customerservice@la.gov