STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS

2018 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

( ) | ( )

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